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A Compendium of Office of Research and Demonstrations Physician Studies 1977-86

by Francine Jordan, Julie Walton

**Department of Health and Human Services
Health Care Financing Administration
Office of Research and Demonstrations**

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The Compendium has been designed to index abstracts of physician payment research and physician practice pattern studies. It contains information on all past and present grants, contracts, and cooperative agreements and related studies or through journal articles associated with physician and other Medicare Part B payment projects conducted by the Health Care Financing Administration (HCFA), Office of Research and Demonstrations (ORD), or its predecessors, as well as studies having relevant studies. Although it primarily focuses on physician payment issues, other Medicare Part B studies such as ambulatory/outpatient care and ambulatory services studies are included. The Compendium is indexed by author, principal investigator, organization that performed the study, HCFA and ORD project officers. Each entry includes an abstract and National Periodical Information Service accession number when relevant.

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The data base supporting the **Compendium** was created by Julie Walton, Bureau of Reimbursement, Eligibility and Coverage as an information management project during a 6-month rotation in ORD as a Presidential Management Intern. The **Compendium** itself was prepared and edited by Francine Jordan, Division of Reimbursement and Economic Studies, Noninstitutional Studies Branch. The data base was conceived by Noninstitutional Studies Branch staff because they found no central file of past studies and few means of quickly finding references to past work. A dBase III System was thus created to meet these needs, as well as to provide for performance of various management functions such as tracking current projects or assessing project officer workloads. The data base is supported with and linked to a hard file of all available past studies.

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Report

Project Number : 10-P-57847
 Author : Glaser, W
 Organization : Columbia Univ

 Title : The Doctor Under National Health Insurance: Foreign Lessons for the U.S.

 NTIS Number : PB87104857
 Biblio Info : Final Report, June 1977

 Keywords : National Health Insurance, Negotiations, Costs, International Comparisons, Utilization, Cost-Shares, Fees

 Abstract : Completed in 1977, this study was written at a time when the U.S. was considering enactment of some form of National Health Insurance. It was an attempt to explain what National Health Insurance would involve by examining the experiences of other countries where it had existed for some time and to report lessons from those other countries most comparable to the U.S. It describes good ideas that work well abroad and that might be emulated in the U.S. as well as weaknesses abroad that Americans should avoid.

The author conducted informant interviews, reviews of the administrative and social science literature, and field observations in Canada, France, Belgium, The Netherlands, West Germany, Switzerland, Sweden, and Great Britain. Topics covered include: 1) negotiations in medicine--organization of carriers and the medical profession and negotiation procedures; 2) cost containment measures--retrospective vs. prospective payment, flat-rate methods of reimbursement such as salaries and capitation, fee-for-service methods which involve indexing and fee controls as well as utilization controls and cost-sharing; 3) productivity measures; 4) special clinical topics such as primary care, preventive medicine and long term care; 5) physician recruitment and location; 6) fee schedules--specialty and geographic differentials, sliding scales, packaging, and DRG type per case payments.

The manuscript contains recommendations about the organization of health insurance and the position of doctors in the U.S. in light of these foreign experiences.

Project

Project Number : 10-P-57847
 Principal Investigator : Glaser, William
 Organization : Columbia Univ

Title : The Doctor Under National Health Insurance: Foreign Lessons for the U.S.

Sponsor : SSA-SRS
 Project Officer : Unknown
 Status (Active, Compl'd, Term'd) : C
 End Date : Unk

Keywords : International Comparisons, Capitation, Utilization, Fee Schedules, Productivity, Recruitment

Project Description/Abstract : No Project Description Available.

Project

Project Number	:	10-P-57857
Principal Investigator	:	Pauly, Mark V
Organization	:	Northwestern Univ
Title	:	Effect of Medical Staff Characteristics on Hospital Costs
Sponsor	:	SSA-SRS
Project Officer	:	Unknown
Status (Active, Compl'd, Term'd)	:	C
End Date	:	Unk
Keywords	:	Hospital Organization, Medical Staffs, Hospital Costs
Project Description/Abstract	:	No project description available. No NTIS abstract is available either. This is an old SRS study which was never sent to NTIS. All that is available from the project is the HCFA conference proceeding report described below in the project report.

Report

Project Number : 10-P-57857
Principal Investigator/Author : Pauly, M
Organization : Northwestern Univ
Title : The Effect of Medical Staff Characteristics on Hospital Costs
NTIS Number : PB82133695
Biblio Info : In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords : Medical Staffs, Hospital Costs

Abstract

The purpose of this research was to examine the feasibility and usefulness of combining data on characteristics of a hospital's medical staff with data on its costs. The fundamental premise was that physicians have important effects on differences in the use of resources within hospitals. Some of those differences might reasonably be attributed to identifiable physician characteristics. It seems reasonable to support that a hospital's costs, and some other yardsticks of its expensiveness as well, reflect the resources used to provide hospital care. If physicians with different characteristics systematically combine inputs to produce outputs in different ways, hospital cost might be associated with those physician characteristics.

Report

Project Number
Author
Organization

: 10-P-90309
: Meier, GB; Tilloston, J
: INTERSTUDY

Title

: Physician Reimbursement and Hospital use in HMOs

NTIS Number
Biblio Info

: PB290879
: Final Report Sept 78

Keywords

: Utilization, HMOs

Abstract

: The report investigates physician reimbursement methods with HMOs to determine what, if any, effects the reimbursement arrangement may have on the MD's use of the hospital. The following specific questions were to be addressed in the study: (1) Precisely how are the MDs reimbursed by various forms of HMOs? Particularly, to what degree are MDs financially "at risk" for either the hospitalization performance or the overall performance of the HMO? (2) What incentives do these reimbursement methods generate for physician behavior, particularly with regard to eliminating unnecessary hospital use and substituting ambulatory for inpatient care? (3) What evidence is available on the effect of such incentives on hospital use, hospital costs, and total medical care costs of HMO members? What are the shortcomings of the available evidence, and how can this topic be further studied? (4) What are the implications of the evidence for future reimbursement methods transferable to non-HMO settings? To answer these questions a comprehensive exploratory case study approach was employed. Chapter 5 describes the major findings of this study, discusses the implications these findings hold for government policies in the area, and suggests areas where further research would be valuable.

NB: NISB hard file does not contain a copy of this report. The NTIS abstract is all that we have. This is a very old, pre-HCFA SRS grant.

Project

Project Number	:	10-P-90309
Principal Investigator	:	Meier, Gerald B; Tillostons, John
Organization	:	Interstudy
Title	:	Physician Reimbursement and Hospital use in HMOS
Sponsor	:	SSA-SRS
Project Officer	:	Unknown
Status (Active, Compl'd, Term'd)	:	C
End Date	:	Unk
Keywords	:	Utilization, HMOS
Project Description	:	No project description available. See report abstract below.

Project

Project Number : 100-75-0034
Principal Investigator : Mendenhall, Robert
Organization : Univ Southern California

Title : Physician Extender Baseline Data Collection Survey

Sponsor : HCFA
Project Officer : Henderson, Robert
Status (Active, Compl'd, Term'd) : C
End Date : 770228

Keywords : Physician Extenders

Project Description : To determine under what circumstances payment for physician extender services would be appropriate, and the most equitable and noninflationary methods and appropriate levels of reimbursement for these newly emerging patient services.

NB: Study not available in NISB hard file. A copy could not be found.

Project

Project Number	:	11-C-98052
Principal Investigator	:	Davidson, Stephen M
Organization	:	New York State Dept Social Services
Title	:	Physician Reimbursement and Continuing Care Under Medicaid: A Demonstration
Sponsor	:	HCFA
Project Officer	:	Solarz, Andrew
Status (Active, Compl'd, Term'd)	:	C
End Date	:	861229
Keywords	:	Capitation, Fee Schedules, Fee-For-Service, Alternative Reimbursement Methods, Pediatrics, Medicaid
Project Description/Abstract	:	This demonstration tested the impact of alternative methods of physician reimbursement on the provision of continuing care for Medicaid children. Capitation, fee schedules and fee-for-service were tested in Suffolk County, NY.

Report

Project Number	:	11-P-90429
Author	:	Rieder, ME
Organization	:	State of Maryland
Title	:	Evaluation of the Maryland Increased Fee Experiment
NTIS Number	:	Not Sent
Biblio Info	:	Final Evaluation Report, Aug 11, 1982
Keywords	:	Participation, Fees, Maryland
Project Description/Abstract	:	Abstract not available. ODE project. No plans are being made to sent this to NTIS.

Project

Project Number : 11-P-90429
 Principal Investigator/Author : Kent, John J
 Organization : State of Maryland

 Title : Effect of Change of Physicians' Fees Upon Utilization of Services

 Sponsor : HCFA
 Project Officer : Aron, Marla
 Status (Active, Compl'd, Term'd) : T
 End Date : 810331

 Keywords : Fees, Utilization, Outpatient Depts

 Project Description : To determine the effects of a change in fees for physicians' services from a flat rate per office visit to a variable rate of reimbursement related to services provided on the distribution of similar services rendered by physicians through their private practices and by hospital outpatient facilities.

Project

Project Number : 11-P-97408
 Principal Investigator : Knowlton, Jack
 Organization : New York State Dept Social Services

 Title : Physicians Fee Increase Demonstration Project--Waiver Only

 Sponsor : HCFA
 Project Officer : Aron, Marla
 Status (Active, Compl'd, Term'd) : T
 End Date : 800930

 Keywords :

 Project Description : To increase primary ambulatory care physician participation in Medicaid utilization and to reduce over-utilization of hospital outpatient department and emergency rooms. Medicaid fees for 16 procedures will be increased by either 50% or 75% in two upstate counties and in several NYC Zip code areas. Comparison of provider and recipient behavior will be made with control areas.

 Project was terminated.

Report

Project Number : 11-P-98305
Principal Investigator : Dutton, Benson
Organization : Missouri Dept Social Services

Title : Prenatal Care and its Relationship to Medicaid Costs

NTIS Number : N/A
Biblio Info : HCFA Staff Summary Series 85-17, July 1985

Keywords : Prenatal Care, Preventive Care, Newborns, Medicaid

Abstract : N/A

Project

Project Number : 11-P-98305
 Principal Investigator : Land, Garland
 Organization : Missouri Dept Social Services

 Title : Prenatal Care and its Relationship to Medicaid Costs

 Sponsor : HCFA
 Project Officer : Dutton, Benson
 Status (Active, Compl'd, Term'd) : C
 End Date : 841231

 Keywords : Medicaid, Obstetrics, Newborns, Preventive Care, Prenatal Care

 Project Description/Abstract : This project links birth certificate records with Medicaid obstetrical and newborn records. The combined data set will be used to study the OB and newborn Medicaid costs associated with women who receive preventive prenatal services as opposed to those who do not receive adequate services. The primary goal of the project is to determine if the Medicaid coverage provided for Medicaid mothers obtaining adequate prenatal care is cost beneficial.

Report

Project Number : 11-P-98305
 Principal Investigator/Author : Schramm, W; Land, G
 Organization : Missouri Dept Social Services

 Title : Prenatal Care and its Relationship to Medicaid Costs

 NTIS Number : PB85195352
 Biblio Info : Final Report Dec 84

 Keywords : Medicaid, Prenatal Care, Newborns, Maternal and Child Health

 Project Description : A number of studies have shown that the receipt of adequate prenatal care apparently improves pregnancy outcome, particularly reducing the risk of low birth weight. Since medical costs are considerably higher for low birth weight births, one would expect that newborn medical costs would be lower for babies of mothers having adequate prenatal care. Testing whether the overall Medicaid costs are lower for pregnancies involving inadequate care is the primary purpose of this study.

This study uses a sample of 1981 and 1982 Missouri Medicaid births (about 7,000) per year to test several hypotheses.

The study suggests that there is a net increase in Medicaid costs by providing adequate prenatal care. The costs of providing adequate prenatal care averaged about \$100 more per recipient than any savings in newborn claims. However, the costs of providing adequate prenatal care are small when compared to the overall Medicaid budget for mothers and newborns. The costs of providing adequate prenatal care to about 4,000 Medicaid mothers were about \$400,000 per year or only 2% of the \$20 million spent each year by Medicaid for maternal and infant care. The reduction in low birth weight rates and possible reduction in neonatal mortality among the babies of mothers with adequate prenatal care suggest that this is a reasonable investment.

Project

Project Number : 15-C-98387
 Principal Investigator : Mitchell, Janet B
 Organization : CHER

Title : Creating DRG-Based Physician Reimbursement Schemes: A Conceptual and Empirical Analysis

Sponsor : HCFA
 Project Officer : Jencks, Stephen
 Status (Active, Compl'd, Term'd) : A
 End Date : 860630

Keywords : Physician DRGS, Medicare, Medicaid

Project Description : This policy research is directed at devising DRG prospective reimbursement for physician services and focuses on 3 modalities--conceptual analyses of possible alternatives in constructing DRG-based physician payments and their advantages and disadvantages; empirical analyses of Medicare A and B claims in NJ, NC as well as Medicaid in NJ; and case studies of hospital experience and physician responses to DRGS.

Report

Project Number : 15-C-98387
Author : Mitchell, J; Calore, K; Cromwell, J; Freiman; Hewes
Organization : CHER
Title : Physician DRGS: What do they look like and how would they work?
NTIS Number :
Biblio Info : Feb 25, 1985
Keywords : Physician DRGS, DRGS, PPS
Abstract : See associated project description above.

Report

Project Number
Author
Organization

: 15-C-98387
: Calore, KA; Stason, W
: CHER

Title

: Lessons from New Jersey: A Care Study of the Feedback from Hospital Drgs on Physician Practice Patterns

NTIS Number
Biblio Info

:
: Dec 1984

Keywords

: New Jersey, DRGS, PPS, Practice Patterns

Abstract

: See associated project description above.

Report

Project Number
Author
Organization

: 15-C-98387
: Mitchell, J; Calore, K; Cromwell, J; Freiman, M; Hewes, H
: CHER

Title

: Creating DRG-Based Physician Reimbursement Schemes: A Conceptual and Empirical Analysis

NTIS Number
Biblio Info

:
: Year 1 Report, Oct 1984

Keywords

: Physician DRGS, DRGS, PPS

Abstract

: See associated project description above.

Project

Project Number : 15-C-98678
 Principal Investigator : Hillsenbeck, Susan
 Organization : Univ Miami Sch of Medicine

 Title : Severity of Illness and DRGs in Selected Cancers

 Sponsor : HCFA
 Project Officer : Langenbrunner, John
 Status (Active, Comp'l'd, Term'd) : A
 End Date : 871231

 Keywords : Severity of Illness, DRGs, Cancers

 Project Description/Abstract : This study will utilize existing data bases to evaluate the relationship between severity of disease, resource intensity and projected reimbursement for 5 common types of cancer. It will develop severity adjustment for the current DRGs for 5 cancer sites that could significantly improve prediction of resource intensity. These indices will be tested on at least 2 independent hospital data sets.

Project

Project Number : 15-C-98705
Principal Investigator : Melvin, John L
Organization : Medical College of Wisconsin

Title : Prospective Payment in Rehabilitation Hospitals and Programs

Sponsor : HCFA
Project Officer : Langenbrunner, John
Status (Active, Compl'd, Term'd) : A
End Date : 860929

Keywords : PPS, Rehabilitation Hospitals, Excluded Hospitals, Exempt Hospitals

Project Description/Abstract : The purpose of this study is to identify through expert consensus a comprehensive list of patient-related variables anticipated to alter the consumption of health care resources by patients admitted to inpatient rehabilitation hospitals/units, and in like fashion identify facility-related variables anticipated to alter the consumption of health care resources for these same rehabilitation patients.

Project

Project Number : 17-C-98442
 Principal Investigator : Chassin, Mark R
 Organization : RAND Corp

 Title : Health Services Utilization Study: Toward Rational Use of Medical Services

 Sponsor : HCFA
 Project Officer : Lubitz, James
 Status (Active, Comp'l'd, Term'd) : A
 End Date : 860929

 Keywords : Geographic Variation, Utilization, Angiography, Gastrointestinal Endoscopy

 Project Description : The principal objectives of this study are to:
 determine the extent to which geographic
 variations in use of coronary angiography and
 diagnostic upper gastrointestinal endoscopy among
 Medicare patients are due to overuse of these
 procedures in high use areas; and to analyze
 geographic variations in the use of physician
 services by Medicare beneficiaries to determine
 whether they can be explained by demographic or
 casemix differences.

Project

Project Number : 17-C-98522
 Principal Investigator/Author : Mccall, Nelda
 Organization : SRI Int'l
 Title : Research on Competitive Forces Driving Medicare Utilization
 Sponsor : HCFA
 Project Officer : Sangl, Judith
 Status (Active, Compl'd, Term'd) : A
 End Date : 870929

Keywords : Assignment, Utilization, Medicare, Medigap, Private Insurance

Project Description : The major objective of this research will be analyze how various competitive forces affect Medicare beneficiaries utilization of services. In particular, several factors will be examined that would be expected to affect the use and cost of Medicare services: Ownership of Supplemental Health Insurance Policies, knowledge of the Medicare program and their supplemental policies, and how beneficiaries are treated on assignment by physicians.

Project

Project Number : 17-C-98758
 Principal Investigator/Author : Mitchell, Janet B
 Organization : CHER

Title : Impact of Medicare Fee Freeze and Participation Agreement on Physicians

Sponsor : HCFA
 Project Officer : Kay, Terrence
 Status (Active, Compl'd, Term'd) : A
 End Date : 880931

Keywords : Fee Freeze, Participation Agreements, Location of Care, Volume of Services

Project Description : This study will document national trends in Medicare Part B expenditures, volumes, and changes in the site of care (hospital vs. office) before and after the freeze. These trends will be produced for the program as a whole, per physician, and per beneficiary. A variety of econometric and descriptive analyses will be made with respect to the impact of the fee freeze and the participation agreement on physicians' practices.

Report

Project Number
Author
Organization

: 17-C-98758
: Mitchell; Calore; Freiman; Hewes; Stason,
: CHER

Title

: What Should Medicare Pay for Surgical Procedures?

NTIS Number
Biblio Info

: PB86215605
: Final Report, June 1986 (on 1 deliverable)

Keywords

: Overpriced Procedures, Cognitive Services, RVS, CABG, Cataract Surgery, Pacemakers,
Medicare Part B

Abstract

: Technological changes are believed to have greatly reduced the time inputs and other physician costs associated with certain surgical procedures. As a result, the possibility exists that Medicare payments for procedures most affected by technological change are too high. Although a range of physician specialties and surgical procedures were examined, this report focuses special attention on Coronary Artery Bypass Graft (CABG) Surgery, lens procedures, and permanent pacemaker insertions. This report addresses questions such as: What are Medicare reasonable charges for these procedures? How dependent are individual physician practices on these procedures? What is the distribution of high volume surgery within a specialty? What is the extent of hidden charges for these procedures? How do we know whether a procedure is overpriced? Comparable worth of different procedures was established using the resource-based relative value scale developed by Hsiao and Stason. The analysis is based on 1984 Medicare Part B claims from 4 states: Ala, Conn, Wash, and Wis. The report contains 46 tables, 1 figure, 2 appendices, and a list of references.

Project

Project Number : 17-C-98759
 Principal Investigator : Cromwell, Jerry
 Organization : CHER
 Title : Payment Options for Non-Physician Anesthetists Under PPS
 Sponsor : HCFA
 Project Officer : Mason, Cindy
 Status (Active, Comp'l'd, Term'd) : A
 End Date : 870929
 Keywords : Anesthesiology, Non-Physician Anesthetists, PPS
 Project Description : This study is designed to answer questions of how to pay non-physician anesthetists under Medicare's PPS after the transition. This project will collect and analyze data about non-physician anesthetist activities related to the preparation for, administration of, and recovery from anesthesia. The employment settings and payment methods will also be studied.

Project

Project Number	: 17-C-98795
Principal Investigator	: Hsiao, William C
Organization	: Harvard Univ Sch Public Health
Title	: A National Study of Resource-Based Relative Value Scales for Physician Services
Sponsor	: HCFA
Project Officer	: Langenbrunner, Jack
Status (Active, Compl'd, Term'd)	: A
End Date	: 880214
Keywords	: RVS, Fee Schedules, Resource-Based RVS
Project Description/Abstract	: This study will develop a relative value scale for physicians' services, to be conducted by a research team with advice and consultation from knowledgeable physicians primarily through consensus and consultative process, a body of objective and reliable information will be developed on the resource inputs for medical procedures by specialties.

Project

Project Number : 18-C-98361
 Principal Investigator/Author : Fetter, Robert B
 Organization : Yale Univ

 Title : Development of Ambulatory Patient Classification System

 Sponsor : HCFA
 Project Officer : Petrie, John
 Status (Active, Compl'd, Term'd) : C
 End Date : 860630

 NTIS Number : N/A
 Biblio Info : Final Report Due 093086

 Keywords : Ambulatory Care, Patient Classification Systems, PPS, DRGS, Resource Utilization

 Project Description : The purpose of this study is to develop an ambulatory patient classification capable of serving as the basis for a per case prospective reimbursement system. Each category of the classification will define a group of patients with common patterns of resource use and thus give third-party payers a mechanism for establishing a per case reimbursement structure. The classification will be evaluated in terms of its ability to predict resource use.

Project

Project Number : 18-C-98392
 Principal Investigator : Reed, Wornie L
 Organization : Morgan State Univ

Title : A Test of the Value of Expected Out-of-Pocket Cost Savings as an Incentive for Changing Beneficiary Choice Behavior

Sponsor : HCFA
 Project Officer : Dutton, Benson
 Status (Active, Compl'd, Term'd) : C
 End Date : 861231

Keywords : Assignment, Beneficiary Liability

Project Description : This project is designed to develop basic knowledge on how elderly health care consumers obtain and process information and how they balance various factors in making decisions under Medicare. It will also test the degree to which a significant number of beneficiaries can be motivated, by exposure to expected out-of-pocket costs, to act as cost-conscious buyers, thus putting pressure on providers to increase the rates of assignment acceptance.

Project

Project Number : 18-C-98426
 Principal Investigator : Young, Wanda W
 Organization : Blue Cross of Western Pennsylvania

Title : Incorporating Costs of Ambulatory Care into Case Mix Based Hospital Reimbursement

Sponsor : HCFA
 Project Officer : Petrie, John
 Status (Active, Compl'd, Term'd) : A
 End Date : 860630

Keywords : Ambulatory Care, DRGS, Combined Inpatient/Outpatient Care, RVS, Case Mix

Project Description : It is the objective of this research to develop a method of integrating hospital inpatient and outpatient reimbursement. A classification of clinically distinct inpatient categories, patient management categories, and a relative value scale based on costs of delivering effective care to these patient types have been developed by an earlier HCFA Grant. This project will extend this inpatient case mix system into the area of

Report

Project Number : 18-C-98526
Principal Investigator/Author : Iezzoni, LI; Moskowitz, MA
Organization : Health Policy Research Consortium

Title : The Clinical Impact of DRG-Based Physician Reimbursement

NTIS Number :
Biblio Info : Dec 31, 1984

Keywords : Physician DRGS, PPS, DRGS, Policy Centers

Abstract : This project was funded through The Policy Center
Cooperative Agreement now designated 99-C-98526.

Report

Project Number : 18-C-98526
Author : Holahan, J; Etheredge, L (EDS.)
Organization : Urban Inst
Title : Medicare Physician Payment Reform: Issues and Options
NTIS Number :
Biblio Info : UI, NO #, No Date
Keywords : RVS, Fee Schedules, Participation, Volume of Services, Policy Centers
Project Description/Abstract : This project was funded through The Policy Center Cooperative Agreement now designated 99-C-98526.

Report

Project Number
Principal Investigator
Organization

: 18-C-98567
: Wilensky; Garrison; Hay; Langwell; Nelson; Pauly; Rossiter; Sloan
: Project Hope

Title

: The Economics of DRG-Based Physician Reimbursement

NTIS Number
Biblio Info

: PB87103388
: Final Report, Dec 1985

Keywords

: Physician DRGS, Capitation, RVS, Literature Review, Price Setting, Physician Supply

Abstract

: This study identifies and discusses the trade-offs involved in various Medicare physician payment reform options. While DRG-based physician payment is thoroughly discussed, other approaches such as capitation and relative value scales are considered. There are 5 papers within this study: (1) A background paper that discusses the environment created by an aging population, increasing physician supply, and changing physician services market; (2) A literature review of physician payment; and (3-5) three concept papers. The 3 concept papers focus on 3 distinct yet related dimensions of physician payment: price setting, who should receive the payment, and the unit of payment. Some of the major points made in the literature review and background paper are: (A) The growing size of the aged population, coupled with the lack of an apparent significant reduction in the morbidity rates of that group, signals an increase in Medicare spending; (B) While the increasing physician supply may ultimately lead to lower prices for physician services, there is little evidence that physician supply increases to date have led to a decline in expenditures; (C) Fee screens are a relatively inflationary pricing mechanism, and the literature shows that fee controls or freezes have had limited success; (D) Payment based on the procedure has undesirable incentives for unbundling procedure creep, multiple physician involvement, and overspecialization. The 3 concept papers consider in detail the following options: price setting, the recipient of payment; and the unit of payment. These options are discussed, where possible, in perspective of the existing literature. Finally, policy implications are discussed. Among the most important of these is that if capitation is the desired ultimate payment mechanism, then payment based on the case--such as under the DRG system--is not a good intermediate step.

Project

Project Number : 18-C-98567
 Principal Investigator/Author : Wilensky, Gail
 Organization : Project Hope
 Title : The Economics of DRG-Based Physician Reimbursement
 Sponsor : HCFA
 Project Officer : Jencks, Stephen
 Status (Active, Compl'd, Term'd) : C
 End Date : 851231
 NTIS Number : PB87103388
 Biblio Info :
 Keywords : Physician DRGS
 Project Description : A study designed to provide an indepth examination of the economic implications of several different policy proposals for DRG-based physician reimbursement. The results will assist with the preparation of the 1985 report to congress on the avisability of DRG-based physician reimbursement and will provide data to develop a physician reimbursement scheme which may avoid certain undesirable market effects.

Report

Project Number	:	18-C-98631
Author	:	Norbrega, FT; Naessens, JM; Kelly, MP; Schmidt, L
Organization	:	Mayo Foundation
Title	:	Feasibility of Using CPT-4 Codes for DRG Assignment of Surgical Patients
NTIS Number	:	PB86180171
Biblio Info	:	Final Report, Nov 21, 1985
Keywords	:	CPT-4 Codes, Billing, Physician DRGS, Coding
Project Description/Abstract	:	This study examined the feasibility of assigning Medicare surgical patients to DRGS based on the CPT-4 codes obtained from physician billing forms. Rather than directly matching CPT-4 codes with ICD-9-CM procedure codes, efforts were made to link actual physician bills with hospital discharge abstract records. Successful merging was completed in over 96% of the 31,000 Medicare surgical cases at Mayo affiliated hospitals from 1981-83. Researchers believe it would be feasible to develop a DRG Grouper Program for surgical patients using CPT-4 codes in lieu of ICD-9-CM procedure codes. However, a number of issues would need to be further addressed and resolved before such a grouper could be produced for use in administering a high volume program like Medicare.

Project

Project Number
Principal Investigator
Organization

: 18-C-98631
: Norbrega, Fred T
: Mayo Foundation

Title

: Feasibility of Incorporating CPT-4 Codes for Physician Billing into the DRG System for In-Hospital Medicare

Sponsor

: HCFA

Project Officer

: Sobaski, William

Status (Active, Compl'd, Term'd)

: C

End Date

: 850731

Keywords

: CPT-4 Codes, Physician DRGS, Billing

Project Description

: The purpose of this project is to determine the feasibility of using CPT-4 procedure codes in concert with ICD-9-CM diagnosis coding and patient for surgical cases. The method would link the CPT-4 coded billing records with ICD-9-CM coded medical records of approximately 10,000 Medicare surgical cases treated by Mayo Clinic in 1983. Statistical analyses will be undertaken of this method.

Project

Project Number : 13-P-97007
 Principal Investigator/Author : Lewis, Ralph E.
 Organization : Univ Michigan Sch of Medicine
 Title : Plan to Develop a Medical-Legal Curriculum for the Continuing Education of Physicians
 Sponsor : HCFA
 Project Officer : Pelovitz, Stephen
 Status (Active, Compl'd, Term'd) : C
 End Date : 810129

Keywords : Malpractice, Legal Education, Continuing Education

Project Description : The Project will develop and validate a medical legal curriculum and course materials suitable for the continuing medical education of practicing physicians, modify the curriculum and course material to make it relevant to students in undergraduate and graduate medical education programs, design and produce support materials for the curriculum, and field test and validate the curriculum and support materials.

NB: No reports or materials from this project could be found. Thus, NISB hard file contains nothing on this grant.

Project

Project Number : 18-P-97008
 Principal Investigator : Holahan, John
 Organization : Urban Inst

 Title : The Effect of Reimbursement Arrangements on Physicians' Services and Income for Medicare and Medicaid

 Sponsor : HCFA
 Project Officer : Litwinowicz, Alice
 Status (Active, Compl'd, Term'd) : C
 End Date : 810531

 Keywords : Income, Prices, California

 Project Description : The objectives of this study were to analyze physician responses in California to four important reimbursement policies established by or affecting Medicare and Medicaid. In Medicare, two policies were examined: The controls imposed during the 1972-74 Economic Stabilization Program and the Economic Index introduced on July 1, 1975. The concern was whether and to what physicians responded by changing service delivery patterns, accepting assignment of claims, etc. In Medicaid, physician responses to a freeze on fees in California between 1974 and 1976 was analyzed. This was of particular interest because severe fee controls have been a rather common practice of many Medicaid programs, especially those in large urbanized states. The California Medicaid Program also raised fees in September 1976 in a way that provided significant incentives for primary care physicians to increase participation in the program. Since it is rare to find a natural "experiment" that tests the effect of a change in relative prices facing physicians, this second Medicaid policy initiative was also of great interest.

This report consisted of seven separate studies. Each used a common data base derived from physicians claims data provided to The Urban Institute by Blue Shield of California and the Occidental Insurance Company. The data consisted of all Medicare and Medicaid claims submitted during the 3-month period over a 7-year period, 1972-78, by 5,000 solo practice physicians and more than 350 groups.

JOURNAL ARTICLE

Project Number : 18-P-97008
 Author : Paringer, Lynn
 Organization : Urban Inst

Title : Medicare Assignment Rates of Physicians: Their Responses to Changes in Reimbursement Policy

Sponsor : HCFA/USDHEW

NTIS Number : PB81112807
 Biblio Info : HCFA Review 1 (3):75-89, Winter 1980

Keywords : Medicare, Assignment Rates

Abstract : A Physician's Medicare assignment rate is one measure of his or her willingness to participate in the Medicare Program. The assignment rate reflects the proportion of services for which the physician accepts the Medicare reasonable fee as payment in full. Generally Medicare reasonable fees are lower than the payment which a physician receives from providing the same service to a private patient or to a Medicare patient who is not treated on assignment. Because Medicare eligibles not treated on an assigned basis for financially liable for the difference between the physician's charge and the Medicare reasonable fee, the assignment rate is an indication of the out-of-pocket costs borne by Medicare eligibles. This paper examines the effect of changes in Medicare reimbursement on the assignment rates of physicians. It also predicts Medicare assignment rates under a policy option which would increase Medicare reasonable fees to the level of prevailing fees.

Report

Project Number
Author
Organization

: 18-P-97008
: Paringer, Lynn
: Urban Inst

Title

: The Medicare Assignment Rates of Physicians: Their Responses to Changes in Reimbursement Policy

NTIS Number

: Pending

Keywords

: Assignment Rates, RVS, Medicare, Medicaid

Abstract

: This report was produced under both 600-76-0054 and 18-P-97008. It is filed in the NISB hard file under 600-76-0054. The study examined how assignment rates of physicians responded to Medicare fee changes. The study concludes that assignment rates are very responsive to Medicare rates. However, assignment rates also respond to changes in private market prices which are increasing simultaneously. In fact, upward adjustments in Medicare rates are partially responsive for the increase in private rates. The net result is that increases in Medicare reimbursement rates, so long as private charges are not controlled, will have little effect on assignment rates. At the same time, however, control over Medicare rates without comparable controls over private rates will reduce assignment rates and shift some of the financial burden to beneficiaries. Another implication of the model used in the study is that increases in Medicare rates which exceed increases in private charges would increase the quantities of both assigned and non-assigned services. While the effect on the assignment rate is hard to predict, more overall services would be provided to Medicare beneficiaries.

Report

Project Number : 18-P-97008
 Author : Paringer, L
 Organization : Urban Inst

Title : Price Controls, Physicians' Fees, Output and Revenue from Public Medical Programs: Evidence from Five Specialties

NTIS Number : Pending
 Biblio Info : UI 1250-2, Nov 1979

Keywords : Fees, Price Controls, Ophthalmology, Orthopedics, Radiology, Anesthesiology, Psychiatry, Output, Income

Abstract : The study examines the response of Orthopedic Surgeons, Ophthalmologists, Radiologists and Anesthesiologists to fee controls under the Economic Stabilization Program (ESP). The study found that physicians provided more services and were less likely to accept assignment; as a result the percentage increase in Medicare payments to physicians increased by considerably more than ESP's allowed percentage increase in fees.

Report

Project Number : 18-P-97008
 Author : Holahan, J; Sulvetta, M; Scanlon, W
 Organization : Urban Inst

Title : Medicaid Fee Controls and Physician Behavior: Preliminary Evidence from California

NTIS Number : Pending
 Biblio Info : UI 1250-02, March 1981

Keywords : Fees, Price Controls, Fee Freeze, CPR, Statewide Fee Schedule

Abstract : This study examined physician participation in Medicaid during two very different periods: 1974-1976 when fees were frozen at the same time that private rates were climbing rapidly, and 1976-1978 when California increased fees by an average of 20 percent, with greater percentage increases for primary care services and smaller percentage increases for surgery, radiology and pathology. The study found that despite the controls, participation rates and services per participating physician increased for most specialties. The authors concluded that even low Medicaid rates must have exceeded the marginal costs of providing services at least for many physicians. This could have occurred because the increasing supply of physicians made Medicaid patients more attractive. After the fee schedule increase, the authors found that primary care physicians markedly increased the number of patients they treated.

Report

Project Number : 18-P-97008
Principal Investigator/Author : Sulvetta, MB
Organization : Urban Inst

Title : Analysis of Changes in Physicians' Medicare Revenues

NTIS Number : Pending
Biblio Info : UI 1250-04, Aug 1981

Keywords : CPR, Income, Participation, Caseload, Case Mix, Medicare

Abstract : The study examined changes in physicians' services and revenues before and after the introduction of the Economic Index. The study found that the index only had a significantly constraining effect on Medicare rates in its first year. There was also a reduction in physician participation in Medicare, a shift from assigned to non-assigned billing and an increase in patient financial burden.

Report

Project Number : 18-P-97008
Author : Holahan, J; Held; Paringer; Scanlon; Sulvetta
Organization : Urban Inst

Title : The Effect of Reimbursement on Physician Services and Income from Medicare and Medicaid: Executive Summary

NTIS Number : Pending
Biblio Info : UI 1250-07, July 1982

Keywords : Fee Controls, Assignment Rates, Income, Output

Abstract : See project description (above).

Report

Project Number : 18-P-97008
Author : Paringer, L; Fon, V
Organization : Urban Inst

Title : Price Discrimination in Medicine: The Case of Medicare

NTIS Number : Pending
Biblio Info : UI 1306-02-08, Sept 1983

Keywords : Pricing, Output, Price Discrimination, Assignment, CPR

Abstract : This paper develops a theoretical model of price discrimination in the physician services market. The authors applied the model to the Medicare Program and empirially tested it using dates from a sample of 2,228 practicing in the state of California from 1974 to 1978. Results indicate that an increase in the reasonable fees allowed physicians to reduce the total number of Medicare eligibles seeking care while expanding the number of physicians who are willing to participate in Medicare assignment. The effect of an increase in reasonable fees on the output provided by physicians already participating in the Medicare market was ambiguous and, therefore, an empirical question. Findings suggest that across the board increases in Medicare reasonable fees may be a high cost and relatively ineffective in expanding physician services to the elderly.

Report

Project Number	:	18-P-97008
Principal Investigator/Author	:	Holahan, J; Cantwell, Jr
Organization	:	Urban Inst
Title	:	The Effect of Reimbursement Arrangements on Physicians' Services and Incomes from Medicare and Medicaid
NTIS Number	:	Pending
Biblio Info	:	HCFA Staff Summary Series, No #, April 1983
Keywords	:	Fee Controls, Fee Freeze, RVS
Project Description/Abstract	:	N/A

Report

Project Number : 18-P-97008
Principal Investigator/Author : Smits, HL
Organization : Urban Inst

Title : A Comparison of Practice Patterns of New and Established Physicians: California, 1978

NTIS Number : Pending
Biblio Info : UI 1250-5, Aug 1981

Keywords : Comparison Old/New Mds, Billing, Practice Styles

Abstract : The study compared new and established physicians to test for differences in charge levels, public program participation and service delivery patterns. The study found that new physicians had higher charges and were less likely to participate in either Medicare and Medicaid than established physicians. Those new physicians who did participate in Medicaid and heavier patient loads than established physicians, while the opposite pattern was observed in Medicare. The authors did not find that new physicians saw their patients more frequently or performed more ancillary services.

Project

Project Number : 18-P-97027
 Principal Investigator : Scitovsky, Anne A
 Organization : Palo Alto Research Foundation

 Title : Medical Care Use Under Two Comprehensive Prepaid Payment Programs

 Sponsor : HCFA
 Project Officer : Sobaski, William
 Status (Active, Compl'd, Term'd) : C
 End Date : 800630

 Keywords : HMOS, Utilization

 Project Description : A 12 month study to complete the analysis of physician characteristics and use of physicians' services under 2 prepaid plans, a Kaiser plan and a plan offered by Palo Alto Clinic. Prior work has analyzed the experience of these 2 plans in terms of patient and enrollee characteristics.

Report

Project Number : 18-P-97027
Principal Investigator/Author : Scitovsky, AA
Organization : Palo Alto Research Foundation

Title : The Use of Medical Services Under Prepaid and Fee-for-Service Group Practice

NTIS Number : N/A
Biblio Info : Conf Paper, SEPT 8-11, 1980

Keywords : HMOS, Prepaid Plans, Comparison with Private Practice, Competition, Fee-for-Service

Abstract : Paper Prepared for the World Congress on Health Economics, Leyden, Sept 8-11, 1980.

Report

Project Number	:	18-P-97027
Author	:	Scitovsky, AA; McCall, N
Organization	:	Palo Alto Research Foundation
Title	:	Use of Hospital Services Under Two Prepaid Plans
NTIS Number	:	Pending
Biblio Info	:	No Date, No #
Keywords	:	Competition, Prepaid Plans, Utilization, HMOS, Hospital Admissions
Project Description/Abstract	:	This study compares the use of hospital services under 2 prepaid plans offered to Stanford Univ employees and their families. One is a Kaiser plan while under the other (Clinic Plan) MD services are provided by the Palo Alto Medical Clinic, a multi-specialty, largely fee-for-service group practice, and hospital services are covered by a Blue Cross Policy. Using age-sex adjusted data, the hospital admission rate Excluding deliveries is higher under the clinic plan (44.2 admissions per 1000 person years compared to 38.2 under the Kaiser Plan), but hospital days per 1000 personyears are almost identical (249.8 days under the Kaiser Plan, 250.7 under the Clinic Plan). The difference in the admission rates is due to the higher surgical admission rate under the Clinic Plan (32.4 admissions per 1000 person years compared to 25.0 under the Kaiser Plan). However, when surgical procedures performed in the hospital on a non-admission basis are added to surgical admissions, the surgical rates under the 2 plans become very close (35.7 admissions and procedures per 1000 personyears under the Kaiser Plan and 37.6 under the Clinic Plan). This lends some support to the hypothesis that the lower hospital surgery rates found under prepaid group practice plans may be due as much to the group practice form of their organization as to their prepaid feature. The authors offer some possible reasons why surgeons in fee-for-service group practices may have relatively low surgery rates even though they do not have the incentive to hold down costs which surgeons in prepaid group practices have.

Report

Project Number
Author
Organization

: 18-P-97037
: Martin, SG; Shwartz, M; Cooper, D; McCusick, AE; Thorne, JE; Whalen, BJ
: Massachusetts Dept Public Welfare

Title

: Effect of a Mandatory 2nd Opinion Program on Medicaid Surgery Rates---An Analysis of the
Mass Consultation Program for Elective Surgery

NTIS Number
Biblio Info

: PB81151334
: HCFA G & C Report 03056 Sept 80

Keywords

: Second Opinions, Surgery, Elective Surgery

Abstract

: No abstract available.

Project

Project Number : 18-P-97037
 Principal Investigator : Whalen, Bernadette
 Organization : Massachusetts Dept Public Welfare

Title : An Analysis of a Mandatory Consultation Program for Elective Surgery with a Medicaid Program

Sponsor : HCFA
 Project Officer : Steinhardt, Bruce
 Status (Active, Compl'd, Term'd) : C
 End Date : 801230

Keywords : Second Opinions, Surgery, Elective Surgery

Project Description/Abstract : This study will analyze the mandatory 2nd opinion program in mass with 2 objectives in mind: to determine the impact of a mandatory 2nd opinion program on the amount of surgery performed and to determine the cost-effectiveness of a mandatory 2nd opinion overall, and the relative cost effectiveness of different models of pre-admission screening.

Report

Project Number	:	18-P-97090
Author	:	Steinwald, B
Organization	:	Vanderbilt Univ
Title	:	Compensation of Hospital-Based Physicians: A Multivariate Analysis
NTIS Number	:	N/A
Biblio Info	:	Fall 1980
Keywords	:	Hospital-Based Physicians
Abstract	:	N/A

Report

Project Number
Author
Organization

: 18-P-97090
: Sloan, FA
: Vanderbilt Univ

Title

: Studies of Hospital Cost Inflation

NTIS Number
Biblio Info

: PB83196931
: Final Report July 82

Keywords

: Hospital Cost Inflation, Physician Market, Medical Staffs, Hospital Organization

Abstract

: This report examines the roles of the physician, the medical staff, employee unionization and hospital regulation in hospital cost inflation. It contains 13 separate papers on these topics. Some of the findings are: 1) type of physician compensation is of minor consequence in explaining the increase in hospital costs or the variation of costs among hospitals; 2) no evidence was found that investor-owned hospitals are less expensive than those of other ownership; however, they were similar to comparable non-profit hospitals with respect to profitability and the proportion of Medicaid patients; 3) the existence of unions raises hospital employee wages by approximately 6% for RNs and 10% for nonprofessionals; 4) mandatory rate-setting programs tend to reduce earnings at the bottom of the wage scale when the occupation is not unionized but have little effect at the top of the scale; 5) mandatory rate-setting programs in effect for more than 3 years are estimated to reduce hospital costs per adjusted patient day and per admission by about 3 to 4% a year up to about 20% when the program reaches equilibrium; and 6) certificate of need does not appear to affect hospital costs.

Journal

Project Number
Author
Organization

: 18-P-97090
: Steinwald, B
: Vanderbilt Univ

Title

: Hospital-Based Physicians: Current Issues and Descriptive Evidence

NTIS Number
Biblio Info

: PB81112823
: HCF Review 2(1): 63-75, Summer 1980

Keywords

: Income, PPCIS, Radiology, Pathology, Anesthesiology, Specialties, Hospital-Based Physicians

Abstract

: This research was funded jointly by 18-P-97090 and 500-78-0018. For abstract on this article, see entry for this article under 500-78-0018.

Report

Project Number	:	18-P-97090
Author	:	Steinwald, B
Organization	:	Vanderbilt Univ
Title	:	Hospital-Based Physicians: Current Issues and Descriptive Evidence
NTIS Number	:	
Biblio Info	:	June 1979
Keywords	:	Hospital-Based Physicians, Radiology, Pathology, Anesthesiology
Abstract	:	N/A

Project

Project Number	:	18-P-97090
Principal Investigator	:	Sloan, Frank A
Organization	:	Vanderbilt Univ
Title	:	Studies of Hospital Cost Inflation Abstracts
Sponsor	:	HCFA
Project Officer	:	Fitzmaurice, Michael
Status (Active, Compl'd, Term'd)	:	C
End Date	:	820629
Keywords	:	Hospital Cost Inflation, Medical Staffs, Physician Market, Hospital Organization
Project Description	:	This study examines the roles of the physician market and hospital medical staff characteristics on hospital cost inflation and analysis of potential inflationary effects of hospital wage rates due to the growth of hospital unionization.

Project

Project Number	:	18-P-97090
Principal Investigator	:	Sloan, Frank A
Organization	:	Vanderbilt Univ
Title	:	Studies of Hospital Cost Inflation Abstracts
Sponsor	:	HCFA
Project Officer	:	Fitzmaurice, Michael
Status (Active, Compl'd, Term'd)	:	C
End Date	:	820629
Keywords	:	Hospitals, Medical Staffs, Hospital-Based Physicians, Pathology, Radiology, Anesthesiology
Project Description	:	This study examines the roles of the physician market and hospital medical staff characteristics on hospital cost inflation and analysis of potential inflationary effects of hospital wage rates due to the growth of hospital unionization.

Report

Project Number
Author
Organization

: 18-P-97124
: Williamson, JW; Hudson, JI; Nevins, M
: Assoc of AM Medical Colleges

Title

: Principles of Quality Assurance and Cost Containment in Health Care: A Guide for Medical Students, Residents and Other Health Care Professionals

NTIS Number
Biblio Info

: PB82123498
: San Francisco: Jossey-Bass, 1982

Keywords

: Quality Assurance, Cost Containment, Education, Utilization

Abstract

: The purpose of this volume is to assist and encourage medical school faculties in teaching cost containment and quality assurance courses by providing them with a textbook for students and medical residents. The work contains three major sections. Part I Presents theoretical material on history and rationale of quality assurance in terms of the efficacy, effectiveness and efficiency of health care. Part II provides a case study that illustrates the five stages of the quality assurance process with a detailed discussion of each stage. Discussions of the economic aspects of health care are presented throughout the case study. Part II supplies an extensive list of data sources on frequency, health loss, economic costs, efficacy, effectiveness and efficiency, and improvement potential.

NB: NISB hard file does not contain a copy of this final report.

Book is available at SSA library along with companion teacher's guide, entitled Teaching Quality Assurance and Cost Containment: A Faculty Resource. Call numbers (respectively) RA 399 .A1 W545 1982 and RA 399 .A1 T4 1982.

Project

Project Number	:	18-P-97124
Principal Investigator	:	Hudson, James
Organization	:	Assoc of AM Medical Colleges
Title	:	Primer on Quality Assurance and Cost Containment for Medical School Faculty and Students
Sponsor	:	HCFA
Project Officer	:	Adler, Gerald
Status (Active, Compl'd, Term'd)	:	C
End Date	:	810331
Keywords	:	Quality Assurance, Cost containment, Education
Project Description	:	This demonstration will support the completion of a book suitable to medical school curriculum committees and individual faculty members on the subject of comprehensive quality assurance and cost containment in the health field.

Project

Project Number	: 18-P-97127
Principal Investigator	: Luft, Harold S
Organization	: Stanford Univ
Title	: Selection and Competition Effect on HMOs
Sponsor	: HCFA
Project Officer	: Dutton, Benson
Status (Active, Compl'd, Term'd)	: C
End Date	: 790929
Keywords	: HMOs, Competition
Project Description	: This project will determine if the observed differences in cost and hospital utilization between enrollees in HMOs and in conventional plans are due to self-selection and if the existence of HMOs engenders a competitive response in the non-HMO sector.

This project was continued by 18-P-97556 when Luft moved from Stanford to Univ of Calif at San Francisco.

Report

Project Number	: 18-P-97144
author	: Richardson, WC; Martin, DP; Diehr, PH; Moore, SH; Grazier, KL; Price, K
Organization	: Univ Washington
Title	: Consumer Choice and Cost Containment: An Evaluation of SAFECO'S United Healthcare Plan
NTIS Number	: PB82264912
Biblio Info	: Final Report, Vol 3, June 1982
Keywords	: Cost Containment, Consumer Choice, Risk-Sharing, HMOs, SAFECO, Bonuses
Abstract	: See abstract for Vol. 1. Copy is not available in NISB hard file. See HCFA G & C Report 03183.

Report

Project Number
author
Organization

: 18-P-97144
: Richardson, WC; Martin, DP; Diehr, PH; Moore, SH; Grazier, KL; Price, K
: Univ Washington

Title

: Consumer Choice and Cost Containment: An Evaluation of SAFECO'S United Healthcare Plan

NTIS Number
Biblio Info

: PB82264938
: Final Report Vol 1, June 1982

Keywords

: Cost Containment, Consumer Choice, Risk-Sharing, HMOs, SAFECO, Bonuses

Abstract

: This study examines SAFECO'S Innovative Health Insurance Plan, United Health Care (UHC), which attempted to control costs by placing 1 participating Primary Case Physicians (PCPs) at risk for excess costs. The plan utilized PCPs as case managers and required enrollees to select a PCP and obtain the PCP's approval for all specialist and hospital care as a condition of insurance reimbursement. As an incentive for PCP's to control costs and utilization, a savings account was established for each PCP, out of which a year-end bonus was paid if the total reimbursement for the PCP's panel of enrollees was below the actuarial projection.

The study provides a narrative history of UHC, analysis of physician and enrollee participation, and a detailed comparative examination of the health insurance coverage impacts on health care utilization of State of Washington employees who were offered a choice between UHC, a BC-BS major medical indemnity plan, and a prepaid group practice plan.

The study reports on factors associated with enrollee choice of plan, the degree of adverse selection, and the effects of the competing plans on enrollee utilization based on univariate and multivariate analyses of claims and interview data. Through a randomized experiment within UHC, the PCP case management system is found to be effective in reducing utilization. The report also discusses design and management problems which led to the demise of UHC.

NB: This 3 vol study is not available in NISB. See the 1 volume HCFA G and C report 03183.

Report

Project Number	: 18-P-97144
Author	: Richardson, WC; Martin, DP; Diehr, PH; Moore, SH; Grazier, KL; Price, K
Organization	: Univ Washington
Title	: Consumer Choice and Cost Containment: An Evaluation of SAFECO'S United Health care Plan
NTIS Number	: PB82264920
Biblio Info	: Final Report, Vol 2, June 1982
Keywords	: Cost Containment, Consumer Choice, Risk-Sharing, HMOs, SAFECO, Bonuses
Abstract	: See abstract for Vol. 1. Copy is not available in NISB hard file. See HCFA G and C report 03183.

Report

Project Number	: 18-P-97144
Author	: Richardson, WC; Martin, DP; Diehr, PH; Moore, SH; Grazier, KL; Price, K
Organization	: Univ Washington
Title	: Consumer Choice and Cost Containment: SAFECO'S United Health Care Plan
NTIS Number	: PB85155182
Biblio Info	: HCFA 03183 G and P report, September, 1985
Keywords	: Consumer Choice, Cost Containment, Risk-Sharing, HMOs, SAFECO, Bonuses
Abstract	: No abstract available. See abstract for longer 3 Vol final report.

Project

Project Number : 18-P-97144
 Principal Investigator : Richardson, William C
 Organization : Univ Washington

 Title : Consumer Choice and Cost Containment

 Sponsor : HCFA
 Project Officer : Friedlob, Alan
 Status (Active, Compl'd, Term'd) : C
 End Date : 820715

 Keywords : Cost Containment, SAFECO, Consumer Choice, Risk-Sharing, HMOs

 Project Description : This project will evaluate the northwest
 healthcare 'SAFECO' model of health care delivery
 in terms of: (1) utilization and claims experience
 compared to fee for service and hmo alternatives;
 (2) perceived impact of risk sharing on physician
 behavior; (3) the reasons for consumer choice; (4)
 effects of practice penetration; and (5) implications
 for cost containment.

Journal Article

Project Number : 18-P-97144
Principal Investigator/Author : Moore, SH; Martin; DP; Richardson, WC; Riedel, DC
Organization : Univ Washington

Title : Cost Containment Through Risk-Sharing by Primary Care Physicians: A History of the Development of United Healthcare

NTIS Number : PB81112815
Biblio Info : HCF Review 1(4):1-13, SPR 80.

Keywords : SAFECO, Risk-Sharing, IPAS

Project Description/Abstract : A new type of independent practice association has been organized to encourage primary care physicians in private practice to become coordinators and financial managers for their patients' medical care. Each patient chooses one internist, family or general physician, or pediatrician and must be referred by that physician for all specialized care. The primary care physician authorizes payment from his/her own account for hospital and referral care provided to patients. He or she shares any deficit or surplus remaining at the end of the year. This is a background paper detailing the history of development and specific features contained in this new concept of putting the physician in charge and "at risk" for the costs of medical care to his/her patients. The plan has been operating in Northern California, Washington, and Utah and has 40,000 members and 750 participating physicians. This historical background paper is part of a large project--State employees' Insurance Benefits Utilization Study (SEIBUS) being done by the university of Washington school of public health to evaluate use and costs of medical care under this innovative plan.

Report

Project Number
Author
Organization

: 18-P-97159
: Davidson, SM; Perloff, JD; Kletke, PR; Schiff, DW; Connelly, JP
: AM Academy of Pediatrics

Title

: Variations in Physician Participation in State Medicaid Plans

NTIS Number
Biblio Info

: PB83179788
: Final Report October, 1982

Keywords

: Medicaid, Pediatrics, Participation Rates, Southern Pediatricians, SMSAS,
Geographic/Specialty Variation

Abstract

: Design of Title XIX is such that the States retain broad discretion over the establishment of Medicaid policies. As a result the programs vary widely. The variation among State Medicaid programs provides a natural opportunity to examine the impact of State Medicaid policies on pediatrician participation in the program. The need for health care among low income children makes it necessary to continue the search for improved strategies that promote access to care. Medicaid holds a position of great importance in its actual and potential ability to minimize financial barriers to care. Access to care is obstructed by the reluctance of service providers to see patients whose care is financed by Medicaid. Many policy and situational factors influence the extent to which pediatricians participate in Medicaid. The objective of this research is to determine the impact of Medicaid policies on provider participation while controlling for situational factors. The research reported here examines the variations in Medicaid participation in several States among one important provider group, pediatricians. It assesses the relative impact of a variety of factors and emphasizes the role of State Medicaid policy in influencing the observed participation of pediatricians.

Project

Project Number	:	18-P-97159
Principal Investigator	:	Davidson, Stephen
Organization	:	AM Academy of Pediatrics
Title	:	Variation by State in Physician Participation in the Medicaid Program
Sponsor	:	HCFA
Project Officer	:	Dutton, Benson
Status (Active, Compl'd, Term'd)	:	C
End Date	:	810930
Keywords	:	Participation, Medicaid, Pediatricians, Geographic Variation
Project Description	:	This project will perform research on how to increase physician participation in Medicaid programs so as to make policy recommendations to Federal and State Medicaid officials. 800 pediatricians in approximately 13 States will be surveyed as well as the respective State agencies and Medicaid officials.

Report

Project Number	:	18-P-97159
Principal Investigator	:	Dutton, Benson
Organization	:	AM Academy of Pediatrics
Title	:	Variations by State in Physician Participation in Medicaid Programs
NTIS Number	:	
Biblio Info	:	HCFA Staff Summary Series, No #, Oct 1982
Keywords	:	Geographic Variation, Participation, Medicaid, Pediatrics
Abstract	:	N/A

Project

Project Number : 18-P-97177
Principal Investigator : Holahan, John
Organization : Urban Inst
Title : A Study of the Impact Alternative Federal Medicaid Policy
Sponsor : HCFA
Project Officer : Rowland, Diane
Status (Active, Compl'd, Term'd) : C
End Date : 780930
Keywords : Medicaid
Project Description : This project will explore variations in current Medicaid practices in order to identify models for uniform policy and to assess the impact across the states of their adoption. The specific policy issues to be addressed are: home health services, physician reimbursement, and hospital outpatient and emergency room services.

Report

Project Number	: 18-P-97177
Author	: Holahan, J; Gornick, J; Nichols, D
Organization	: Urban Inst
Title	: State Medicaid Reimbursement Policies for physicians' Services
NTIS Number	:
Biblio Info	: UI 1298-8, June 1981
Keywords	: Medicaid, Physician Reimbursement
Abstract	: N/A

Report

Project Number
Author
Organization

: 18-P-97192
: Wennberg, J; Barnes, B; Zubkoff, M
: Dartmouth College

Title

: An Epidemiological Perspective on the Problem of Supplier-Induced Demand: The Case of
Surgery and Surgical Second Opinions

NTIS Number
Biblio Info

: PB82133695
: In HCFA Conf Proceedings Pub 03067 Dec 80

Keywords

: Induced Demand, Second Opinions, Surgery

Report

Project Number
Author
Organization

: 18-P-97235
: Record, JC; Vogt, TM; Penn, L; Johnson, RE
: Kaiser Foundation Research Inst

Title

: An Episode Approach to Utilization, Costs, and Effectiveness in Health Care

NTIS Number
Biblio Info

: PB82185703
: Final Report 1978-81. 4 Vols. Nov 30, 1981

Keywords

: Patterns of Care, Outpatient/Ambulatory, Utilization, Effectiveness, Bundling, Packaging, Costing

Abstract

: Using its exceptional data base for a 5% sample of enrolled members, the Kaiser-Portland Health Services Research Center undertook development of a methodology for identifying, costing and examining alternative resource bundles used in ambulatory care of defined conditions. Results and detailed analysis are presented for 11 conditions: obesity, acute cystitis, hypertension, hemorrhoids, otitis media, fever of unknown origin, headache, depression, breast lump, shoulder bursitis and gonorrhea. For 10 of these, distinct treatment bundles (ranging from 3 to 10 alternatives per condition) emerged which explained between 50 and 70% of the observed cost variation (which for most conditions was quite substantial). Patient and/or provider characteristics explained 29% of cost variations for 5 conditions, between 14 and 19% for others, and less than 10% for the remaining 2. There is some indication that laboratory tests and drug orders may substitute for office visits for some conditions. But the authors caution that their results are not yet suitable for use in determining medical policy. They conclude with a description of what further research might be done to strengthen policy applications of their approach, including 8 methodological "imperatives."

NOTE: The 4th Volume = Appendices.

Project

Project Number : 18-P-97235
 Principal Investigator : Record, Jane C
 Organization : Kaiser Foundation Research Inst

 Title : An Episode Approach to Utilization Costs and Effectiveness in Healthcare.

 Sponsor : HCFA
 Project Officer : Sobaski, William
 Status (Active, Compl'd, Term'd) : C
 End Date : 801231

 Keywords : Patterns of Care, Outpatient/Ambulatory, Costs, Utilization, Effectiveness, Bundling, Packaging

 Project Description : A study which will examine the various bundles of services that have been used to diagnose and manage a selection of homogenous episodes of illness. See report abstract below.

Report

Project Number	: 18-P-97235
Author	: Sobaski, WJ
Organization	: Kaiser Foundation Research Inst
Title	: Project Officer's Completion Summary
Sponsor	: HCFA
Project Officer	: Sobaski, William
Status (Active, Compl'd, Term'd)	:
End Date	:
NTIS Number	: March 1, 1982
Biblio Info	:
Keywords	: Bundling, Patterns of Care, Outpatient/Ambulatory, Utilization, Effectiveness, Packaging, Costing
Abstract	: N/A

Report

Project Number : 18-P-97453
 Author : Davidson, S; Lebailly, S; Flint, S; Lebailly, R
 Organization : AM Academy of Pediatrics

Title : Emergency Services and Continuing Care Under Medicaid: An Analysis of Claims Data

NTIS Number : PB84134352
 Biblio Info : Final Report Dec 82

Keywords : Medicaid, Pediatrics, Emergency Depts

Abstract : This grant examined (1) utilization of health care services, (2) patterns of care and (3) continuity of care of Medicaid eligible children. Data from the Medicaid Claims Information System in Suffolk Co, NY From 1977-79 were used. A 5% random sample (N=4,222) was drawn of all clients born in 1959 or later who were eligible for Medicaid at some point in time between 1977 and 1979. All providers of services to these children were obtained from files, representing 43,664 claims. With respect to utilization, the study found that length and continuity of eligibility affect the likelihood of making use of services, and demographic factors affect the extent of that use. With respect to patterns of care, office-based physicians were the most frequent source of care for children; only 10% had a clinic and 1% had the emergency room as the most frequent source of care. Different patterns of care were found to produce significant differences in the number and cost of other services. Continuity of care (based on 3 measures) was found to be related to lower overall costs of care. Age, race and usual source of care were found to be weak predictors of the degree of continuity.

Project

Project Number : 18-P-97453
 Principal Investigator : Connelly, John P
 Organization : AM Academy of Pediatrics

 Title : Emergency Services and Continuing Care Under Medicaid

 Sponsor : HCFA
 Project Officer : Sangl, Judith
 Status (Active, Compl'd, Term'd) : C
 End Date : 810831

 Keywords : Medicaid, Pediatrics, Emergency Depts

 Project Description : To conduct an analysis of Medicaid claims data to answer questions regarding (1) the substitution of emergency department services for those of office-based physicians and (2) the extent to which Medicaid children are receiving comprehensive care on a continuing basis.

Project

Project Number	:	18-P-97516
Principal Investigator	:	Held, Phil
Organization	:	Urban Inst
Title	:	The Effect of Medicaid Reimbursement Rates on Use of Physician Services and on Hospital Outpatient/Emergency Room Care
Sponsor	:	HCFA
Project Officer	:	McMenamin, Peter
Status (Active, Compl'd, Term'd)	:	C
End Date	:	821230
Keywords	:	Ambulatory/Outpatient Care, Medicaid, Emergency Rooms, Prices, Cost Containment
Project Description	:	A research project to determine the influence of reimbursement practices on access to ambulatory care, the setting in which ambulatory care is provided, and on the rates of hospitalization of Medicaid enrollees.

Report

Project Number
Author
Organization

: 18-P-97516
: Held, PJ
: Urban Inst

Title

: A Study of the Role of Physician Prices in a Medicaid Program, California, 1976-1978:
Review of Project Goals and Findings

NTIS Number
Biblio Info

: PB86180197
: Final Report Feb 85

Keywords

: Medicaid, Ambulatory/Outpatient Care, Emergency Rooms, Prices, Cost Containment,
AFDC

Abstract

: This report describes and summarizes the conclusions from 5 major policy research papers developed during a 5 year study of the Medicare care used by the Medicaid population in California. It was shown that higher payments to physicians lead to more Medicaid eligibles using the system and more visits, but less intensity per visit. It was also shown that hospital OPDS are not responsible for any disproportionate share of hospital admissions. Also, it was shown that AFDC frequent users whose primary source of care was an OPD OR ER have the lowest rates of hospitalization among frequent users, and it could not be confirmed that frequent users of care are hypochondriacs who "shop around" for attention. It was also shown that although OPD and ER market shares are increasing, the overwhelming proportions of Medicaid patients were treated in private physician offices. The analysis could reach no conclusion about the effect of physician price paid on the private office versus by Medicaid patients, or about whether inpatients and ambulatory physician care are substitutes or complements.

NB: NISB hard file does not contain a copy of this final report. AN copy of the Executive Summary and other interim reports are, however, available.

Report

Project Number	: 18-P-97516
Author	: Hamcke, C
Organization	: Urban Inst
Title	: Medicaid Claims Data as a Source of Hospital Diagnostic Information
NTIS Number	: PB86180197
Biblio Info	: UI 1403-04, Feb 1984
Keywords	: Medicaid Claims Data, California, Diagnostic Information, Hospitals, AFDC, Ambulatory/Outpatient Care
Abstract	: See Project Description and Final Report Abstract above.

Report

Project Number
Principal Investigator/Author
Organization

: 18-P-97516
: Hamcke, C
: Urban Inst

Title

: Where Medicaid Eligibles Receive Ambulatory Care: A Methodology to Assign
Predominant Source of Care

NTIS Number
Biblio Info

: PB86180197
: UI 1403-03, Feb 1984

Keywords

: Ambulatory/Outpatient Care, Medicaid, Emergency Rooms, Cost Containment, California,
AFDC, Prices

Abstract

: See Project Description and Final Report Abstract Above.

Report

Project Number
Author
Organization

: 18-P-97516
: Held, PJ; Swartz, K
: Urban Inst

Title

: Effect of Ambulatory Case Mix on Hospitalization Rates

NTIS Number
Biblio Info

: PB86180197
: UI 1403-05, Feb 1984

Keywords

: Ambulatory/Outpatient Care, Case Mix, Hospital Admissions, AFDC, Medicaid, California

Abstract

: See Project Description and Final Report Abstract Above.

Report

Project Number
Author
Organization

: 18-P-97516
: Swartz, K
: Urban Inst

Title

: Why are Frequent Users of Ambulatory Care Responsible for a Disproportionate Share
of Medicaid Expenditures in California?

NTIS Number
Biblio Info

: PB861800197
: UI 1403-02, Nov 1983

Keywords

: Medicaid, Ambulatory Care, Disproportionate Share, California, AFDC, Emergency Rooms,
Cost Containment

Abstract

: See Project Description and Final Report Abstract Above.

Report

Project Number	:	18-P-97516
Author	:	Held, PJ
Organization	:	Urban Inst
Title	:	Medicaid Physician Prices and Changes in Medical Care Use
NTIS Number	:	PB86180197
Biblio Info	:	UI 1403-06, Feb 1985
Keyword	:	Medicaid, Prices, Utilization, AFDC, California, Physician Supply, Fee, Controls, Cost Containment
Abstract	:	See Project Description and Final Report Abstract above

Report

Project Number	: 18-P-97516
Author	: Held, PJ
Organization	: Urban Inst
Title	: Use of Medical Care by a Sample of the Medicaid Population: A Compendium of Data Tables--California, 1976-1978
NTIS Number	: PB86180197
Biblio Info	: UI 1403-07, Oct 1984
Keywords	: Medicaid, Utilization, AFDC
Abstract	: See Project Description and Final Report Abstract Above.

Report

Project Number	:	18-P-97516
Author	:	Held, PJ
Organization	:	Urban Inst
Title	:	A Study of the Role of Physician Prices in a Medicaid Program, California, 1976-1978: Review of Project Goals and Findings--Executive Summary
NTIS Number	:	PB86180197
Biblio Info	:	UI 1403-08, Executive Summary, Feb 1985
Keywords	:	Prices, Ambulatory/Outpatient Care, AFDC, Emergency Rooms, Hospital Admissions, Medicaid, Cost Containment
Abstract	:	See Project Description and Final Report Abstract Above.

Project

Project Number
Principal Investigator
Organization

: 18-P-97517
: Sherman, Herman
: Harvard Univ

Title

: Data Banks for Influencing Quality and Effectiveness Physicians' Use of Medical Resources

Sponsor

: HCFA

Project Officer

: Anderson, Arne

Status (Active, Compl'd, Term'd)

: C

End Date

: 820915

Keywords

: Coronary Bypass Surgery, Physician Decision-Making, Comparison Medicaid/Medicare, CABG

Project Description

: A Coronary Artery Disease Data Bank will be used to design cost-effective workup and therapy strategies and to test the influence on physician behavior. Methodology will be developed for making inter-institutional outcome comparisons.

Report

Project Number	: 18-P-97517
Author	: Sherman, H; Goldman, L; Mudge, GN
Organization	: Harvard Univ
Title	: Data Banks for Influencing Quality and Effectiveness of Physician Use of Medical Resources
NTIS Number	: Not Sent
Biblio Info	: Final Report No Date
Keywords	: Coronary Bypass Surgery, Physician Decision-Making, CABG
Abstract	: Abstract not available since report was not sent to NTIS. ODE Project.

Project

Project Number
Principal Investigator
Organization

: 18-P-97538
: Nelson, Eugene
: Dartmouth College

: Development of an Integrated Data System to Promote Cost Containment Among Primary
Care physicians

Title

Sponsor
Project Officer
Status (Active, Compl'd, Term'd)
End Date

: HCFA
: Sobaski, William
: T
: 820701

NTIS Number
Biblio Info:

: Pending

Keywords

: Billing, Primary Care Physicians

Project Description

: This project will work through a network of free-standing primary care practices in NH and VT to provide participating physicians with accounting services and statistical info on their practices as compared to the total cooperative network's practice. A combination patient encounter and billing form (the super bill) will be used as the medium for billing and statistical feedback.

Project was terminated.

Report

Project Number	: 18-P-97538
Author	: Nelson, E et al
Organization	: Dartmouth Medical Sch
Title	: Executive Summary: Demonstration of an Integrated Data System to Promote Cost Containment Among Primary Care Physicians
NTIS Number	: Pending
Biblio Info	: Executive Summary, No Date
Keywords	: Billing, Primary Care Physicians
Abstract	: See Project Description Above.

Report

Project Number	: 18-P-97538
Author	: Nelson, EC et al
Organization	: Dartmouth Medical Sch
Title	: Demonstration of an Integrated Data System to Promote Cost Containment
Among Primary Care physicians	
NTIS Number	: PB87161998
Biblio Info	: Final Report, Oct 1982
Keywords	: Billing, Primary Care Physicians
Abstract	: See Project Description Above.

Project

Project Number : 18-P-97556
 Principal Investigator : Luft, Harold S
 Organization : Univ California at San Francisco

 Title : The Selection and Competitive Effects of HMOs

 Sponsor : HCFA
 Project Officer : Dutton, Benson
 Status (Active, Compl'd, Term'd) : C
 End Date : 811230

 Keywords : HMOs, Competition

 Project Description : This research was designed to explore 2 questions of crucial important to policies concerning the potential role of HMOs in the medical care system:
 1) Whether part of the observed difference in cost and hospital utilization between enrollees in HMOs and in conventional plans is due to self-selection; and 2) Whether the HMO existence engenders a competitive response by conventional insurers/providers.

 NB: This project is a continuation of 18-P-97127. The project moved with Luft from Stanford to Univ of Calif at San Francisco.

Report

Project Number
Author
Organization

: 18-P-97556
: Luft, HS
: Univ California at San Francisco

Title

: Competition and Regulation: The Selection and Competitive Effects of Health Maintenance Organizations

NTIS Number
Biblio Info

: PB86106762
: Final Report, Vols. 1 & 2, Sept 83

Keywords

: HMOs, Competition

Abstract

: This project was designed to address 2 major research and policy issues concerning HMOs: 1) How much of the difference in cost and medical care utilization and medical care utilization observed for enrollees in HMOs and conventional insurance plans is attributable to a disproportionate concentration of low utilizing people in HMOs? and 2) To what extent does the growth and development of HMOs cause a competitive response by conventional insurers and providers that results in lower utilization and costs for people not enrolled in HMOs?

Report

Project Number
Author
Organization

: 18-P-97556
: Dutton, Benson
: Univ California at San Francisco

Title

: Competition and Regulation: The Selection and Competitive Effects of Health Maintenance Organizations

Sponsor
Project Officer

: HCFA
: Dutton, Benson

NTIS Number
Biblio Info

:
: HCFA Staff Summary Series 85-12, May 1985

Keywords

: Competition, HMOs

Abstract

: See Project Description Above.

Report

Project Number
Author
Organization

: 18-P-97619
: Vecky, J; Stano, M; Cromwell, J; Hewes, H; Saad, A
: Blue Cross/Blue Shield of Michigan

Title

: The Impact of Physician Supply and Regulation of Physician Fees and Utilization
of Services

NTIS Number
Biblio Info

: PB86166501
: Final Report + Appendices, Sept 85

Keywords

: Physician Density, Private Insurance, Utilization, Fees, Geographic Variation, Induced
Demand, HMOs

Abstract

: Concern about how competition affects MDs' fees and utilization decisions led BC/BS of Mich to design a study to address these 2 behavioral questions in depth: (1) The impact of insurance on utilization and fees and (2) The existence of MD demand inducement. A model of price inducement with downward price rigidity due to usual, customary, and reasonable reimbursement methods that key on stated charges was developed. The findings of this detailed micro-investigation of 1 large state have important implications for public policy more broadly. First, all of this work confirms the hypothesis that geographic disparities in the level and growth of physician services and not fees provide a major impetus to physician expenditure growth. Second, findings about the extent of bordercrossing, point to a technical problem in calculating what Medicare HMOs ought to be paid. As for the relationship between physician supplies and expenditures, availability alone generates more use, then it may be somewhat academic whether physicians consciously shift demand, uncounsciously follow established practice patterns that raise utilization, or are simply more readily available to patients. Greater physician supply, however, can be used to advantage, even though it provides no panacea by itself. As more MDs are left to divide a relative fixed caseload (intensity per case is more variable) individual caseloads fall. This should make MDs as a whole amenable to some form of managed care (i.e. HMOs, IPAs, PPOs). and under fixed payment, they should be less likely to recommend marginal care.

Project

Project Number	:	18-P-97619
Principal Investigator	:	Taaffe, Gordon
Organization	:	Blue Cross/Blue Shield of Michigan
Title	:	The Impact of Physician Supply and Regulation on Physician Fees and Utilization of Services
Sponsor	:	HCFA
Project Officer	:	Dutton, Benson
Status (Active, Compl'd, Term'd)	:	C
End Date	:	840930
Keywords	:	Fees, Utilization, Induced Demand, Physician Density, Geographic Variation, Private Insurance
Project Description	:	A study to describe the variation in utilization per capita across substate physician market areas in Mich. It uses paid claims data from 1975-79. this will show how utilization varies by physician density for patients with identical illnesses, explain variation in utilization as a function of physician density and examine the effects of area differences in health insurance scope and penetration.

Project

Project Number	: 18-P-97723
Principal Investigator	: Cromwell, Jerry
Organization	: CHER
Title	: Physician Participation in Public Benefits Programs
Sponsor	: HCFA
Project Officer	: Litwinowicz, Alice
Status (Active, Compl'd, Term'd)	: C
End Date	: 820629
Keywords :	Large Medicaid Practices, Participation, Assignment, Fees, Practice Characteristics, Quality of Care
Project Description	: This project will extend current studies of large Medicaid practices to include large Medicare practices also. These analyses will include a number of issues relevant to physician participation in Medicaid and Medicare including assignment, fees, practice characteristics, and quality of care.

Journal Article

Project Number	:	18-P-97723
Principal Investigator/Author	:	Cromwell,J; Burstein, P
Organization	:	CHER
Title	:	Physician Losses from Medicare and Medicaid Discounts; How Real Are They?
NTIS Number	:	PB83220657
Biblio Info	:	HCF Review 6(4):51-68, Summer 1985
Keywords	:	Fee Discounting, CPR
Project Description/Abstract	:	Physicians' claims that extensive Medicare and Medicaid fee discounting imposes an inequitable burden on them are examined using survey data from HCFA on 5000 primary care physicians. a definite fee hierarchy is documented, with the MD's usual charge at the top and Medicare/Medicaid allowables at the bottom. Under usual, customary, and reasonable methods, physicians can use fees to maximize payment, and insurer attempts to control fees result in both sides participating in a revenue maximization-expenditure control game. Raising Medicare and Medicaid allowables to the physician's usual fee is shown to result in large windfall gains that are unnecessary and unjustified in terms of work effort, human capital investment, or eliciting an adequate supply of practitioners.

Journal Article

Project Number	: 18-P-97723
Author	: Mitchell, JB; Cromwell, J
Organization	: CHER
Title	: Impact of an All-or-Nothing Assignment Requirement Under Medicare
NTIS Number	: PB83220657
Biblio Info	: HCF Review 4(4):59-78, Summer 1983
Keywords	: Assignment Rates, Specialties
Project Description/Abstract	: In an effort to raise assignment rates, some policymakers have considered dropping Medicare's case-by-case assignment option. MDs would have to decide whether to accept all of their patients on assignment, or none of them. In a 1976 national survey, over 2/3 of physicians stated that they would take none of their patients on assignment if forced to choose. Simulation analysis showed that in that event, assignment rates nationwide would fall almost 10%. the mean supply of assigned visits would actually increase 11 % for GPs, while decreasing 12-25% for general surgeons, internists, and OB-GYNs.

Report

Project Number : 18-P-97723
 Principal Investigator/Author : Mitchell, JB; Cromwell, J; Schurman, R
 Organization : CHER

Title : Physician Participation in Public Programs

NTIS Number : PB86238201
 Biblio Info : Final Report, Sept 10, 1981

Keywords : Participation, Large Medicaid Practices, All-Or-Nothing Assignment

Abstract : This report is based on data from the 1975, 1976, and 1977 PPCIS. In addition, the report uses other data on physician characteristics from the AMA; prevailing charge data from HCFA; and Medicaid program characteristics from the Medicare-Medicaid Management Institute. This report includes an overall summary which contains an overview of the report; an econometric model which analyses the physicians' joint decision to accept Medicare patients on assignment and to treat Medicaid patients; and numerous related analytical findings and analyses. The related analyses examine by credentials, incomes, work effort, costs and markups, inputs and geographic area physicians with extra-large Medicaid practices versus physicians with small Medicaid caseloads, specialists with large Medicaid caseloads; physicians who participate extensively in Medicaid and Medicare assignments, physicians with large Medicaid practices and high income; and black physicians. In addition, an analysis of mandatory assignment is included in the report. The extensive technical documentation includes 96 tables and 9 exhibits.

Report

Project Number
Author
Organization

: 18-P-97723
: Burstein, PL; Cromwell, J
: CHER

Title

: Relative Incomes and Rates of Return for U.S. Physicians

NTIS Number
Biblio Info

: PB87105722
: Final Report, June 84

Keywords

: Return on Investment, Income, Education Costs

Abstract

: Since 1967 the supply of MDs in the U.S. has been growing by more than 3% per annum. This, coupled with public insurer fee discounts, might have been expected to depress both the relative and absolute incomes of physicians. Real incomes of MDs did decline at 0.2% annual rate between 1967 and 1980, but this was apparently due to economy-made events since the income trends for lawyers, dentists, and college graduates were virtually identical. Internal rates of return to undergraduate medical training remained high--between 14 and 17% in 1980. Specialty training became more profitable for internists, general surgeons, and obstetricians/gynecologists (all with 10-15% rates of return) while pediatricians continued to suffer a financial loss. While Medicare and Medicaid fee discounts have been criticized as inequitable, the programs also provide a 'hidden subsidy' to MDs during residency training, materially adding to rates of return for education. This report includes 4 tables and 1 figure and documentation on calculating rates of return.

Report

Project Number : 18-P-97723
 Author : Mitchell, JB
 Organization : CHER

Title : Practice Patterns and Earnings of Woman Physicians

NTIS Number : PB86238193
 Biblio Info : Final Report, June 30, 1982

Keywords : Practice Patterns, Female Physicians, PPCIS, Income by Sex, Geographic/sex Variation, Women Physicians

Abstract : Using 3 years of pooled data from the National PPCIS (1977-79) Conducted by NORC, comparisons were made between 4,510 men and 750 women physicians in office-based private practice of their practice styles, work effort productivity, training and credentials, fees, and incomes. Descriptive and econometric analyses were conducted. Women physicians were found to earn only 78% of men's incomes even after adjusting for specialty choice: \$49,438 annually versus \$63,152 in 1977 dollars. Although this gap was considerably reduced after further adjusting for women's lower work effort, a significant gap still remained, i.e., \$24.34 per hour for women versus \$29.67 for men. Almost one-half the difference in incomes can be attributed to specialty choices and board certification differences; the remainings 55 % to either pure discrimination on the part of patients or referring male physicians or to unmeasured productivity differences. The supply of women was found to be insensitive to higher imputed wages while that of men physicians was actually backward bending. Results also showed a significant reduction in the work effort among married women physicians, but not men, implying subordination of careers by women where combined-income family incomes are high. The extensive documentation in this report includes 20 tables and appendix.

Project

Project Number : 18-P-97777
Investigator : Lillard, Leland
Organization : Rand Corp

Title : Quality and Effectiveness of Preventive Medical care

Sponsor : HCFA
Project Officer : Dutton, Benson
End Date : 861231

Keywords : Preventive Care

Project Description : This research was intended to broaden and deepen our understanding of the determinants and effectiveness of preventive medical care. The study focuses on the effect of preventive care on various categories of medical expenditures and sick loss. The analysis is designed to control for intervening health conditions and other individual patient effects which might otherwise bias estimates of the effect of preventive care.

Project

Project Number : 18-P-97880
 Investigator : Burns, Linda
 Organization : AHA
 Title : Physician and Other Ambulatory Services in Hospitals: Costs and Determinants
 Sponsor : HCFA
 Project Officer : Dutton, Benson
 Status (active, Comp'd, Term'd) : C
 End Date : 840331
 Keywords : Ambulatory Care
 Project Description : This ambulatory care project collected and analyzed a defined large and significant data set that was expected to be the 1st in a periodic survey of hospital ambulatory care. The project will provide considerable analysis and the data itself will serve as a highly useful tool for describing and monitoring costs of services in hospital outpatient depts.

Report

Project Number
Author
Organization

: 18-P-97880
: Grannemann, TW; Brown, RS; Pauly, MV; Burns, LA
: AHA
: Physician and Other Ambulatory Services in Hospitals: Costs
and Determinants

Title

NTIS Number
Biblio Info

: PB85149110/AS
: Final Report Oct 84

Keywords

: Ambulatory/Outpatient Care, Costs, Hospitals, Medical staffs

Project Description

: This study investigates the cost of ambulatory care services provided by hospitals, including services provided in emergency depts or other organized outpatient programs or depts. Data from a nationwide survey of non-federal, short-term U.S. hospitals are used in descriptive analysis of the hospital ambulatory care industry and to make cost estimates based on multiple-output statistical cost functions. The results provide information on the structure of hospital costs, not only for outpatient care but for inpatient care and other hospital services as well. Because of the innovative specification of the cost function, the study is of interest for its methodology as well as empirical results.

Report

Project Number : 18-P-97880
Author : Dutton, Benson
Organization : AHA
Title : Physician and Other Ambulatory Services in Hospitals: Costs and Determinants
Keywords : Ambulatory Care

Project

Project Number
Author
organization

: 18-P-97905
: Lion, Joanna
: Brandeis Univ

Title

: The Relationship of Physician Medicaid Reimbursement in
Private Practice and Hospital Outpatient Depts to Actual Costs
of Providing Care

Sponsor
Project Officer
End Date

: HCFA
: Petrie, John
: 830208

Keywords

: Outpatient Care, Comparison with Private Practice, Medicaid,
Hospital Costs

Project Description

: This study will compare the mix and cost of
patients treated in hospital outpatient depts with
those treated in private physicians' offices. It
will attempt to determine the extent to which
presenting diagnoses differ in these settings and
the extent to which those differences generate
costs in one type of setting which substantially
differ from those in others.

Report

Project Number
Principal Investigator
Organization

: 18-P-97905
: Lion, J
: Brandeis Univ

Title

: The Relationship of Physician Medicaid Reimbursement in Private Practice and Hospital
: Outpatient Depts to Actual Costs of Providing Care

NTIS Number
Biblio Info

: PB83212027
: Final Report Jan 83

Keywords

: Outpatient Care, Comparison with Private Practice, Medicaid, Hospital Costs

Project Description

: This study compares the mix and cost of patients treated in hospital outpatient depts with those treated in private MDs' offices. Presenting diagnoses do not markedly differ between these settings but these differences generate costs in one type of setting which substantially differ from those in others.

Journal Article

Project Number
Author
Organization

: 18-P-97905
: Lion, J; Altman, S
: Brandeis Univ

Title

: Case-Mix Differences Between Hospital Outpatient Departments and Private Practice

NTIS Number
Biblio Info

: PB83104414
: HCF Review 4(1); 89-98, Sept 1982

Keywords

: Outpatient Depts, Case Mix

Abstract

: The belief that patients seen in hospital outpatient depts are sicker than those seen by private practice physicians is examined in this article. A large scale data set developed by Robert Mendenhall at Univ Southern Cal and Modeled on the National Ambulatory Medical Care Survey (NAMCS) is used for secondary analysis. Differences in case-mix complexity were found to be slight, using 2 separate techniques.

Journal Article

Project Number
Author
Organization

: 18-P-97905
: Lion, ~; Malbon, A; Henderson, MG; Friedman, RH
: Brandeis univ

Title

: A Comparison of Hospital Outpatient Departments and Private Practice

NTIS Number
Biblio Info

: N/A
: HCF Review 6(4): 69-81, Summer 1985

Keywords

: Outpatient Depts, Comparison with Private Practice, Avgs, Case Mix

Abstract

: This article addresses cost differences between primary care physicians in private practice and hospital outpatient departments (OPDs). The analysis utilizes ambulatory visit groups (AVGs), the outpatient equivalent of DRGs, to adjust for case mix. Major findings are that OPDs have higher per visit costs than physicians' private offices; internists are more expensive than GPS regardless of site; and ancillary service costs are actually slightly higher in private practice. Any prospective payment system for ambulatory care must consider these cost differences.

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 18-P-97905

: Lion, J; Malbon, A; Friedman, R; Henderson, MG

: Brandeis Univ

: Working Paper, Final Report: The Relationship of Physician Medicaid Reimbursement in Private Practice and Hospital Outpatient Depts...

: N/A

: HCFA Work Paper Series=Grant Summary, No Date

: Outpatient Care, Medicaid, Comparison with Private Practice, Hospital Costs, Case Mix, Avgs

Project

Project Number	:	18-P-97993
Principal Investigator	:	Freeborn, Donald K
Organization	:	Kaiser Foundation Research Inst
Title	:	Physicians Use of Medical Care Resources in a Prepaid Group Practice HMO
Keywords	:	HMOS, Utilization, Ambulatory Care
Project Description	:	This research project will measure the intensity of resource use (radiology, laboratory, drugs, outpatient procedures, and hospitalizations) by physicians in a prepaid group practice HMO, and will determine factors related to differences among physicians in the intensity of resource use. The findings will help explain differences in physicians's patient-care patterns, which affect cost of care and treatment.

Report

Project Number
Principal Investigator
Organization

: 18-P-97993
: Freeborn, DK; Johnson, RC; Mullooly, J
: Kaiser Foundation Research Inst

Title

: Physician Use of Ambulatory Care Resources in a Prepaid Group Practice HMO

NTIS Number
Biblio Info

: PB86180163
: Final Report Aug 84

Keywords

: Ambulatory Care, HMOs, Utilization, Outpatient Care, Drug RVS

Project Description

: This study examined the extent of variation in physician behavior concerning the use of outpatient medical care resources in a large prepaid group practice HMO. The study encompassed physicians from internal medicine, pediatrics and obstetrics/gynecology. Extensive physician characteristics data were employed in the analysis. Physicians found to be high, medium or low users in year one tended to maintain those positions over the 3 study years. Physician specialty explained about 70% of the variation. Surprisingly, high physician outpatient use was positively correlated with hospital admission rates. Outpatient resource use was also significantly associated with years since graduation, medical school training received, current involvement in medical education, years of service with the HMO, influence and leadership within the HMO, attitudes toward patients and workload, and being a patient's regular doctor. Few non-medical factors were found to be statistically significant. Numerous appendices are provided which explain the methods used including a drug relative value system.

<u>Report</u>	
Project Number	: 18-P-98011
Principal Investigator/Author	: Drachman, RH
Organization	: Johns Hopkins Univ
Title	: N/A

Project

Project Number	:	18-P-98011
Principal Investigator/Author	:	Drachman, Robert H
Organization	:	Johns Hopkins Univ
Title	:	Health Care Services for Children Under Medicaid--Costs and the Care Provided by Various Types of Providers
Sponsor	:	HCFA
Project Officer	:	Dutton, Benson
Status (Active, Compl'd, Term'd)	:	A
End Date	:	840630
Keywords	:	Medicaid, Pediatrics, Pediatricians, Geographic variation, EPSDT
Project Description/Abstract	:	A study to examine the cost and effectiveness of services for children under Medicaid, particularly as outlined in the EPSDT/CHAP policies and guidelines. The study site offers a wide variety of providers in rural, urban, and inner city settings thereby permitting comparisons of costs and services utilization across these several subpopulations.

Project

Project Number	: 18-P-98265
Principal Investigator	: Connelly, John P
Organization	: AM Academy of Pediatrics
Title	: Trends in Pediatrician Participation in State Medicaid Programs
Keywords	: Pediatrics, EPSDT, Medicaid
Project Description	: The overall goal of the proposed study is to measure and analyze trends in physician participation in Medicaid and EPSTD in the 13 states that were studied by HCFA in 1979. The study will also identify and recommend state-specific policy strategies for fostering the participation of primary care physicians in Medicaid, thereby promoting access of children to appropriate and efficient sites of preventive and acute care.

Report

Project Number
Principal Investigator/Author
Organization

: 18-P-98265
: Perloff, J; Kletke, P; Neckerman, K
: AM Academy of Pediatrics

Title

: Trends in Pediatrician Participation in State Medicaid Programs

NTIS Number
Biblio Info

: PB84181478
: Final Report, May 1985

Keywords

: Medicaid, Pediatrics, EPSDT

Project Description

: The period 1978 through 1983 saw the passage of important Federal Medicaid legislation--OBRA of 81 and TEFRA of 82. The legislation sought to lower eligibility for AFDC and to limit Federal financial participation in Medicaid, while providing greater discretion to the states in setting their Medicaid policies. The legislation, along with recession and unemployment, put state budgets under pressure and forced many states to look for new ways to contain Medicaid expenditures. This study examines changes that occurred in 13 states in conjunction with the implementation of OBRA and TEFRA. (Calif, Colo, Ga, In, Iowa, Md, Mass, Neb, NY, Okla, PA, Tenn and Tex).

Data for this study are drawn primarily from physician surveys conducted in 13 states in 1978 and 1983. The states were selected in 1978 on the basis of their widely differing Medicaid policies. In each survey, approx 800 office-based pediatricians were questioned concerning their Medicaid participation and other aspects of their Medical practice. The pediatricians surveyed in 1983 included the panel of 814 pediatricians surveyed in 1978. A supplementary sample of pediatricians entering practice since 1978 was also included in the 1983 survey in order to ensure a sample representative of the 1983 age distribution of pediatricians. Data were also collected from a variety of secondary sources.

Report

Project Number : 18-P-98265
Organization : AM Academy of Pediatrics

Title : Trends in Pediatrician Participation in State Medicaid Programs

Biblio Info : HCFA Staff Summary Series 85-16, July 1985

Keywords : Pediatrics, Pediatricians, EPSDT

Journal Article

Project Number
Author
Organization

: 18-P-98300
: Lion, J; Malbon, A; Henderson, MG; Friedman, RH
: Brandeis Univ
: A Comparison of Hospital Outpatient Departments and Private Practice

Title

: HCF Review 6(4):69-91, Summer 1985

Biblio Info

: Outpatient Depts, Avgs, Case Mix, Comparison with Private Practice

Keywords

: See abstract for same article listed under
18-P-97905. Research for this article was
supported by the Robert Wood Johnson Foundation
and HCFA grants 18-P-97905 and 18-P-98300.

Abstract

Project

Project Number	:	500-78-0001
Principal Investigator	:	Blue Shield Assoc
Organization	:	Blue Shield Assoc
Title	:	Analysis of Medicare and Private Business Data
Keywords	:	
Project Description	:	This project would have compared the customary charge patterns of physicians private health insurance claims with the customary charge patterns of Medicare Part B claims on 50 procedures for 4 states. The project was curtailed and nothing was published.

Report

Project Number
Principal Investigator/Author
Organization

: 500-78-0013
: Stauber, RB; West, H
: Moshman Assoc

Title

: Medical Procedural Terminology Systems: Development and Characteristics of Three Major Systems for Third Party Payment

NTIS Number
Biblio Info

: PB290875
: HCFA G & C REPORT 03004 SEPT 79

Keywords

: Coding, CPT, Third-Party Payers, Nuclear Medicine, RVS, Fees, Radiology

Project Description

: The report examines all editions of the medical procedural terminology and coding systems published by the Blue Shield Assoc, Calif Medical Assoc, and AMA. Medical procedural terminology systems were developed as an integral part of third party payment systems. Reimbursement of MDs by third parties on a fee-for-service basis required systematic communication as to services provided and fees. Three major national systems have evolved from the experience of a score or more years. Although the 3 systems have much in common, they vary considerably in detail with resultant complications for national programs of record keeping, billing, and payment procedures incident to providing and paying for medical services. The principal similarities and differences among the 3 systems are identified. The historical development of these systems has been characterized by repeated expansion in the number of procedures because of the addition of new procedures to accommodate developments in medical practice and the fractioning of many procedures, the result of more precise and more detailed descriptions. These and other systems developments are described in detail with primary focus on the six editions of the Calif Med Assoc's Relative Value Studies.

Project

Project Number : 500-78-0013

Principal Investigator : Moshman Assoc

Organization : Moshman Assoc

Title : A Methodology for Performing Computer-Assisted Simulations of the Effects of Changes in Medical Procedural Terminology Systems

Sponsor : HCFA

Project Officer : Sobaski, William

Status (Active, Compl'd, Term'd) : C

End Date : 840430

Keywords : Coding, CPT, Nuclear Medicine, RVS, Third-Party Payers

Project Description : To develop and demonstrate a methodology for simulating the effects of changes in medical procedural terminology and coding systems upon program outlays, statistics, information systems, and reimbursement levels.

Report

Project Number	: 500-78-0013
Principal Investigator/Author	: Moshman, Jack
Organization	: Moshman Assoc
Title	: Final Report (Procedural)
Biblio Info	: Final Report, April 12, 1984
Keywords	: Coding, Nuclear Medicine, RVS, CPT, Fees

<u>Project</u>	
Project Number	: 500-78-0018
Principal Investigator	: Sloan, Frank
Organization	: Vanderbilt Univ
Title	: Analysis of Survey Data on Physicians' Practice Costs and Income
Keywords	: PPCIS, Income, Costs, Hospital-Based Physicians, Induced Demand
Project Description	: Analysis of variations in payment arrangement for hospital-based physicians. Theoretical analysis of physician induced demand for health care.

Report

Project Number
Principal Investigator
Organization

: 500-78-0018
: Sloan, F
: Vanderbilt Univ

Title

: Analysis of Survey Data on Physician Practice Costs and Income

Biblio Info

: Final Report April 1981

Keywords

: Income, Fees, Malpractice Insurance, Hospital-Based Physicians, Target Income, PPCIS,
Third-Party Payment

Project Description

: This report, which contains 14 essays on the economics of MDs' practices, examines the nature and effects of 3rd party reimbursement, the malpractice insurance crisis, hospital-based physicians, and the target income hypothesis. The analysis begins with an examination of the market for MDs' services and the response of fees, incomes, and workloads to exogenous changes. Incorporated physicians are found to have higher fees, incomes and workloads than unincorporated physicians. Additionally, specialty-specific MD population ratios have a negative effect on MDs' fees and incomes. Both MD demand for malpractice insurance and the state response to the malpractice insurance crisis are addressed. Malpractice insurers do not risk discriminating very much within a specialty and malpractice insurance premiums only rarely constitute a significant proportion of practice expenses. For hospital-based physicians the incidence of percentage compensation has fallen and fee-for-service compensation has become more prevalent since enactment of Medicare. Multivariate analysis of HBP incomes reveals that, for the most part, these MDs are subject to the same influences as office-based MDs. Theoretical work on target income hypothesis reveals that, contrary to previous work, if demand-inducing behavior is assumed, no inferences regarding an association between prices and any exogenous variable, including physician supply, can be drawn.

Journal Article

Project Number
Author
Organization

: 500-78-0018
: Steinwald, B
: Vanderbilt Univ

Title

: Hospital-Based Physicians: Current Issues and Descriptive Evidence

NTIS Number
Biblio Info

: PB81112823
: HCF Review 2(1):63-75, Summer 1980

Keywords

: Anesthesiology, Pathology, Radiology, PPCIS, Specialties, Hospital-Based Physicians, Income

Abstract

: Hospital-based physicians (HBPS) have been the recipients of considerable attention in health policy debates in recent years. This paper discusses issues and trends concerning HBPS and presents evidence on practice characteristics, compensation methods, and incomes of anesthesiologists, pathologists, and radiologists. Some comparisons with office-based MDs are included. The primary data source is composed of physician surveys sponsored by HCFA and conducted by NORC in 1977 and 78. Findings generated from these surveys support past research showing that radiology is the most lucrative HBP specialty, followed by pathology and anesthesiology; hospital-based practice tends to be considerably more lucrative than office-based practice, taken as a whole. Survey findings are discussed in light of current policy developments in the health services sector.

Report

Project Number : 500-78-0018
Principal Investigator : Steinwald, Bruce
Organization : Vanderbilt Univ

Title : Hospital-Based Physicians: Current Issues and Descriptive Evidence

Biblio Info : June 1979

Keywords : Hospital-Based Physicians, Anesthesiology, Pathology, radiology, PPCIS, Specialties, Income

Project Description : This paper resulted from research jointly supported by 500-78-0018 and 18-P-97090.

Report

Project Number
Principal Investigator
Organization

: 500-78-0018
: Sloan, F
: Vanderbilt Univ

Title

: First Progress Report: Analysis of Survey Data on Physician Practice Costs and Income

Keywords

: PPCIS, Hospital-based Physicians, Third-Party Payment, Induced Demand, Fees, Malpractice

Report

Project Number	:	500-78-0018
Principal Investigator/Author	:	Sloan, F
Organization	:	Vanderbilt Univ
Title	:	Year 01 Final Report: Analysis of Survey Data on Physician Practice Costs and Income
Biblio Info	:	Interim Report, Sept 30, 1979
Keywords	:	Third-Party Payment, Blue Shield, Medicaid, Target Income, Hospital-Based Physicians

Report

Project Number	:	500-78-0051
Principal Investigator	:	Mitchell, JB; Cromwell, J
Organization	:	Boston Univ/CHER
Title	:	Large Medicaid Practices: Are They Medicaid Mills?
NTIS Number	:	PB80193626
Biblio Info	:	HCFA G & P Report 03020, March 1980
Keywords	:	Medicaid, Participation, Assignment, CPR
Project Description	:	Abstract unavailable. One copy of report is available in publications. None is in NISB file. Publications office copy may be borrowed for inspection or xeroxing. This was a very popular report and no other copies remain.

Report

Project Number : 500-78-0051
 Principal Investigator/Author : Mitchell, JB; Cromwell, J
 Organization : Boston Univ/CHER

 Title : Physician Behavior Under the Medicare Assignment Option

 NTIS Number : PB81224354
 Biblio Info : Final Report Jan 30, 1981

 Keywords : Assignment, CPR, Participation

 Project Description :

There is increasing concern over the growing number of physicians who are unwilling to accept Medicare patients on assignment. The National Sample of General Practitioners, Internists, and General Surgeons confirmed this reluctance: Over one-quarter (28.2%) of survey physicians stated that they never accept assignment on any of their patients; a smaller number (18.9%) report that they always do. The remaining physicians pick and choose their assigned patients on a case by case basis. The kinds of physicians who take assignment were disproportionately general surgeons and foreign medical graduates.

Increases in the Medicare allowed charge should raise net assignment rates, however, such increases may have unintended side effects. For instance, some assigned patients may incur higher out-of-pocket costs for care and may be forced out of the market altogether. Two alternative recommendations would be: (1) the elimination of the assignment provision altogether; or (2) the introduction of an "all or nothing" requirement, which would eliminate the case by case option of assignment.

Report

Project Number
Principal Investigator
Organization

: 500-78-0051
: Cromwell, J; Mitchell, JB
: Boston Univ/CHER

Title

: The Origins and Impact of Medicaid Reimbursement and Eligibility Policies on Physician Participation

NTIS Number
Biblio Info

: PB84181569
: Final Report Oct 30, 1981

Keywords

: Medicaid, CPR, Participation, Assignment, PPCIS

Project Description

: States vary in both the scope of coverage and the rates paid providers of Medicaid services. This in turn affects both physician participation and program outlays. Two theoretical models are developed and tested: 1) a dual market demand model showing how Medicaid competes with private insurers for scarce physician time; and 2) a voter-taxpayer utility model explaining State tradeoffs in Medicaid eligibility/service coverage and payment generosity to participating physicians. Multivariate regression of a recursive path model is used to estimate both models, using the 1977-78 HCFA/NORC physician surveys, supplemented by census and Medicaid program characteristics.

Eligibility Policies on Physician

Project

Project Number
Principal Investigator
Organization

: 500-78-0051
: Mitchell, Janet B
: Boston Univ/CHER

Title

: An Exploration of Physician Behavior in Secondary Labor Markets

Keywords

: Assignment, CPR, Medicaid, Secondary Labor Markets, Physician Market

Project Description

: Analysis of the characteristics of physician practices which have a large volume of Medicaid patients.

Journal Article

Project Number
Author
Organization

: 500-78-0051
: Mitchell, JB; Cromwell, J
: Boston Univ/CHER

Title

: Medicaid Mills: Fact or Fiction

NTIS Number
Biblio Info

: PB81112823
: HCF Review 2(1):37-49, Summer 1980

Keywords

: Medicaid, Participation, Access, Large Medicaid Practices

Abstract

: Physician nonparticipation in Medicaid programs not only will restrict access of the poor to mainstream medicine but will also encourage the development of large Medicaid practices (LMPs). Policymakers have become increasingly concerned that these settings may be "Medicaid mills" in which low quality care is provided. Using HCFA survey data, this study examined the characteristics of LMPs, defined as practices in which at least 30% of the patients are eligible for Medicaid. Nearly 60% of all Medicaid patients treated in private practices are seen in these LMPs (14.5 % of all practices).

Most LMPs do not appear to be Medicaid mills. LMP physicians earn what other physicians make at best; often they earn less. nor is there any widespread abuse of ancillary services, skimping on auxiliary staff, or excessive markups over costs, all characteristics of Medicaid mills. visit lengths are shorter in LMPs, but only by a minute or two. A substantial "credentials gap" does exist, however; the Medicaid market is dominated by less qualified physicians. LMP physicians tend to be older, non-board certified, and graduates of foreign medical schools.

Journal Article

Project Number : 500-78-0051
Author : Mitchell, JB; Cromwell, J
Organization : Boston Univ/CHER

Title : Private Psychiatrists and Medicaid Participation

Biblio Info : AM J of Psychiatry, Forthcoming 1982

Keywords : Psychiatry, Medicaid, Participation

Journal Article

Project Number
Author
Organization

: 500-78-0051
: Mitchell, JB; Cromwell, J
: Boston Univ/CHER

Title

: Physician Behavior Under the Medicare Assignment Option

NTIS Number:
Biblio Info

: Inquiry, Jan 1982

Keywords

: Assignment

Journal Article

Project Number
Author
Organization

: 500-78-0051
: Cromwell, J; Mitchell, JB
: Boston Univ/CHER

Title

: An Economic Model of Large Medicaid Practices

NTIS Number:
Biblio Info

: Health Services Research, Forthcoming 1982

Keywords

: Large Medicaid Practices

Journal Article

Project Number

Author

Organization

Title

Biblio Info

Keywords

: 500-78-0051

: Mitchell, JB

: Boston Univ/CHER

: Physician Visits to Nursing Homes

: Gerontologist, Forthcoming 1982

: Nursing Home Visits, Physician Services

Report

Project Number : 500-78-0051
 Principal Investigator : Mitchell, JB; Cromwell, J
 Organization : Boston Univ/CHER

Title : Large Medicaid Practices: Are They Medicaid Mills?

NTIS Number : PB82135757
 Biblio Info : In HCFA Conf Proceedings 03121 Aug 81

Keywords : Medicaid Mills, Large Medicaid Practices, Quality of Care

Project Description : Descriptive studies have suggested that large Medicaid practices are run by poorly trained but wealthy physicians who spend inadequate time with patients and overprescribe tests and procedures. This study focuses on whether such behavior is limited to only a few true "Medicaid mills" or is characteristic of all large Medicaid practices.

The analysis was based on a theoretical model of large Medicaid practices versus small Medicaid practices. The model considered the differences in quality of care, variations in physicians' credentials, and physicians' wages. The findings of the report indicate that large Medicaid practices are not the Medicaid mills they are often accused of being. A comparison of quality of care, as measured by length of visit and number of ancillary services rendered, shows little difference between large Medicaid practices and small ones, with the exception of the large Medicaid practices ordering more injections. However, there was a difference found between the credentials of those physicians in large Medicaid practices and those in small ones, with the large practices having more foreign medical graduates and fewer board-certified physicians. Lastly, the authors found that large Medicaid practice physicians' hourly earnings were lower than those in small Medicaid practices.

Journal Article

Project Number : 500-78-0051
Principal Investigator/Author : Cromwell, J; Mitchell, JB
Organization : Boston Univ/CHER
Title : High Income Medicaid Practices
Biblio Info : Inquiry 18:18-27, Spring 1981
Keywords : Large Medicaid Practices

Journal Article

Project Number

Author

Organization

Title

Biblio Info

Keywords

: 500-78-0051
: Mitchell, JB; Cromwell, J
: Boston Univ/CHER

: Large Medicaid Practices and Medicaid Mills

: JAMA 244:2433-7, Nov 28, 1980

: Large Medicaid Practices, Medicaid Mills

Journal Article

Project Number
Principal Investigator/Author
Organization

: 500-78-0051
: Cromwell, J; Mitchell, JB
: Boston Univ/CHER

Title

: The Origins and Impact of Medicaid Reimbursement and Eligibility Policies
on Physician Participation

Biblio Info

: J of Health Politics, Policy, and Law, Nov 1981

Keywords

: Medicaid, Participation

Report

Project Number	: 500-78-0051
Principal Investigator	: Mitchell, JB; Cromwell, J
Organization	: Boston Univ/CHER
Title	: Large Medicaid Practices: Are They Medicaid Mills? Conference Paper
Biblio Info	: Conference Paper, 1980
Keywords	: Large Medicaid Practices, Medicaid, Foreign Medical Graduates
Project Description	: This paper was prepared for a conference on micro survey data on physician practice costs and incomes, sponsored by HCFA Office of Research, Demonstrations and Statistics, Feb 27-28, 1980, Washington, DC. It is similar but not identical to the paper reported in HCFA Grants and Contracts report Pub 03020 and the HCFA Conf Proceedings Pub 03121.

Report

Project Number	: 500-78-0051
Principal Investigator	: Mitchell, JB
Organization	: Boston Univ/CHER
Title	: An Exploration of Physician Behavior in Secondary Labor Markets
NTIS Number	: Being Sent
Biblio Info	: Final Report, Nov 30, 1979
Keywords	: Foreign Medical Graduates, Nursing Home Visits, Housecalls, Access, Medicaid
Project Description	: This study examined the factors influencing the MD's decision to make these types of visits. Only 47% of sample MDs had made any nursing home visits during the previous week of practice, and 43% any house calls.
	MDs in the nursing home and house call markets were found to be less well trained than other MDs. In particular, they tended to be older, less specialized, and (in the case of nursing home visits) third world medical school graduates. Although nursing home and house call reimbursement levels averaged as much or more as those for office visits, furthermore, they were apparently still too low to offset the high travel costs associated with making these two types of visits. MDs were more likely to make nursing home visits and house calls when travel distances were shorter.

Report

Project Number	:	500-78-0052
Principal Investigator	:	Berry, R
Organization	:	Teknekron
Title	:	Analysis of the Medicare Economic Index
NTIS Number	:	PB83161349
Biblio Info	:	Final Report Option Year 2, Spring 82
Keywords	:	Cost Shares, Practice Costs, PPCIS, Geographic/Specialty Variation
Project Description	:	This report examines the variation in practice costs and certain fees across physician specialties. The analysis relies on data from PPCIS, 1976-78. The results from the analysis indicate that significant differences do exist across specialties in the principal cost shares of rent, supplies, overhead, salaries, auto expenses, malpractice premiums, and net income. These cost shares also vary significantly across region and population groupings although, with the regions disaggregated into states, the number of significant findings is fewer. Aggregate cost indices do not show substantial inter-regional or inter-specialty differences.

NB: Table 39 of the Analysis of the Medical Economic Index: Appendix I Costs and Cost Shares Option Year 2 contains the MEI weights used in the regulation. (appendix listed separately).

Project

Project Number	:	500-78-0052
Principal Investigator/Author	:	Budnitz, Robert
Organization	:	Teknekron
Title	:	Analysis of Survey Data and Physician Practice Costs and Income--- Medicare Economic Index Study
Keywords	:	PPCIS, MEI, Manicova, Cost Shares, Practice Costs, Geographic/Specialty Variation
Project Description	:	This project involves analyses of the data from the annual physicians' survey (NORC). These analyses are pointed at the question of whether or not there is a need for different economic indices for different physician specialties and/or geographic areas.

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Berry, R
: Teknekron

Title

: A Review of the Medicare Economic Index: An Analysis of Variations
in Practice Costs Among Specialties

NTIS Number
Biblio Info

: PB82135757
: In HCFA Conf Proceedings Pub 03121, Aug 1981

Keywords

: MEI, CPR, PPCIS, Specialty-Specific Weights, Geographic/Specialty Variation

Project Description

: In the past, Medicare reimbursed physicians under the usual, customary, and reasonable (UCR) charge system which set maximum reimbursements for each procedure using the history of the physician's own charges and those of similar specialists in the nearby region. Since 1976, Medicare does not use the recent charge history to determine the physician fee screens but instead applies the current value of the MEI, a chained price index, to the 1973 prevailing charge rates. To date, due to the absence of sufficiently disaggregated data, only a single national index value has been used to annually update the physician fee screens.

This paper uses the ppcis data to test whether the index weights, which are the cost shares in physician practices, differ significantly across specialty or across region. The paper then presents specialty-specific index values using the specialty-specific index weights and shows that although they are significantly different, the difference is quite small in absolute value. This result supports continued use of the single national index. The paper goes on to discuss the estimation of translog cost functions and their possible direct use in price indices.

Report

Project Number	:	500-78-0052
Principal Investigator	:	Berry, R; Budnitz, R
Organization	:	Teknekron
Title	:	Estimation of the Medicare Economic Index Weights
Biblio Info	:	Progress Report No. 2 Option Year 1, 1981?
Keywords	:	Case Mix, Geographic/Specialty Variation, Specialty-Specific Weights, MEI, PPCIS

Report

Project Number
Principal Investigator/Author
Organization

: 500-78-0052
: Budnitz, R; Berry, R; Weber, G
: Teknekron

Title

: Estimation of the Medicare Economic Index Weights (Area 1)
and Physician Practice Variations (Area 4)

Biblio Info

: Progress Rept No. 3 Option Year 1, May 15, '81

Keywords

: Case Mix, MEI, PPCIS, Geographic/Specialty Variation, Specialty-Specific Weights

Report

Project Number	:	500-78-0052
Principal Investigator	:	Budnitz, R
Organization	:	Teknekron
Title	:	First Progress Report: Analysis of Survey Data and Physician Practice Costs and Incomes
Biblio Info	:	Progress Report No. 1 (Option Year 1?), 1979?
Keywords	:	Case Mix, Geographic/Specialty Variation, MEI, PPCIS, Specialty-Specific Weights

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Berry, R
: Teknekron

Title

: Estimation of the Case Mix Variation Among Specialties

NTIS Number
Biblio Info

:
: Final Report Option Year 1 (1st Part), 1981?

Keywords

: Case Mix, MEL, Geographic/Specialty Variation, MEL, PPCIS, Specialty-Specific Weights

Project Description

: This report is the final report for area 1 for Option Year 1. The final report is comprised of two parts: the case mix analysis presented here and the estimation of the weights for the medical economic index submitted separately. In this part of the report, we analyze the characteristics of patient visits and their influence on the physician's allocation of time. These visit characteristics include the patient's background and complaint, disposition, which usually are referred to collectively as the case mix of the physician practice.

This report presents a general model of the process of diagnosis and treatment and relates it to the use of resources in the physician firm. Data from the National Ambulatory Medical Care Survey (NAMCS) are used to estimate a transformation of that model which focuses on the use of physician's time in moving from the patient's complaint to a specific diagnosis and treatment. We then compare the model's estimates for different physician specialties and find that specialties differ in their patterns of time spent in diagnosis and treatment.

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Berry, R
: Teknekron

Title

: Analysis of the Medicare economic Index

Biblio Info

: Final Report Option Year 1 (2nd Part), 1981?

Keywords

: MEI, Geographic/Specialty Variation, PPCIS, pecialty-Specific Weights, Case Mix

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Budnitz, R; Weber, G
: Teknekron

Title

: Physician Practice Variations (Area 4)

Biblio Info

: Final Rept Option Year 1 (Area 4), Aug 15, 81

Keywords

: Case Mix, MEL, Geographic/Specialty Variation, , pecialty-Specific Weights

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Berry, R; Budnitz, R
: Teknekron

Title

: Analysis of the Medicare Economic Index

Biblio Info

: Progress Report No. 1 Option Year 2, 1981?

Keywords

: MEI, Case Mix, Geographic/Specialty Variation, Specialty-Specific Weights, PPCIS

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Berry, R; Budnitz, R
: Teknekron

Title

: Analysis of the Medicare Economic Index

Biblio Info

: Progress Report No. 2 Option Year 2, 1981?

Keywords

: PPCIS, MEL, Geographic/Specialty Variation, Specialty-Specific Weights, Case Mix

Report

Project Number	:	500-78-0052
Principal Investigator/Author	:	Berry, R
Organization	:	Teknekron
Title	:	Workplan and Methodology: Task I--Development of an Equitable MEI: An Analysis of Variations in Practice Costs Among Specialties
Biblio Info	:	March 13, 1979
Keywords	:	MEI, PPCIS, Geographic/Specialty Variation, Specialty-Specific Weights, Case Mix

Report

Project Number
Principal Investigator/Author
Organization

: 500-78-0052
: Berry, Robert
: Teknekron

: Task I--A Review of the Medicare Economic Index: An Analysis of Variations
in Practice Costs Among Specialties

Title

: Draft Conference Paper, Feb 21, 1981

Biblio Info

: MEI, PPCIS, Geographic/Specialty Variation, Specialty-Specific Weights, Case Mix

Keywords

: This paper was prepared for a conference on micro
survey data on physician practice costs and
incomes, sponsored by HCFA ORDS, Feb 27-28, 1980,
Washington, DC.

Project Description

Report

Project Number	: 500-78-0052
Principal Investigator/Author	: Budnitz, R
Organization	: Teknekron
Title	: Summary Explanation of File access
Biblio Info	: No Date
Keywords	: MEL, PPCIS, Data Systems

Report

Project Number	:	500-78-0052
Principal Investigator/Author	:	Budnitz, R
Organization	:	Teknekron
Title	:	Analysis of the Medicare Economic Index
Biblio Info	:	Draft Final Report Option year 2, 1982?
Keywords	:	MEI, PPCIS, Geographic/Specialty Variation, Specialty-Specific Weights, Case Mix
Project Description/Abstract	:	This report examines the variation in practice costs and certain fees across physician specialties. The analysis relies on data from the PPCIS, 1976-1978. The results from the analysis indicate that significant differences do exist across specialties in the principal cost shares of rent, supplies, overhead, salaries, auto expenses, malpractice premiums, and net income. These cost shares also vary significantly across region and population groupings although with the regions disaggregated to States, the number of significant findings is fewer.

Report

Project Number	:	500-78-0052
Principal Investigator/Author	:	Berry, R; Budnitz, R
Organization	:	Teknekron
Title	:	Analysis of the Medicare Economic Index: Appendix I--Costs and Cost Shares
Biblio Info	:	Appendix I Option Year 2, 1982?
Keywords	:	Case Mix, PPCIS, MEI, Geographic/Specialty Variation, Specialty-Specific Weights
Project Description	:	NB: Table 39 of this Appendix formed the Basis for the MEI Regulation.

Report

Project Number
Principal Investigator
Organization

: 500-78-0052
: Weber, G
: Teknekron

Title

: Task 4--Physician Practice Variations: Descriptions and Implications For The Future

Biblio Info

: Draft Final Rept Option Year 2, Dec 15, 1981

Keywords

: MEI, PPCIS, Geographic/Specialty Variation, Case Mix, Specialty-Specific Weights

<u>Project</u>	
Project Number	: 500-78-0053
Principal Investigator	: Brown, Douglas M
Organization	: Nat'l Bureau of Economic Research
Title	: Analysis of Survey Data on Physician Practice Costs and Income--- Analysis of Physicians' Input Decisions
Biblio Info	:
Keywords	: PPCIS, Practice Costs, Input Decisions, Productivity
Project Description	: This study will provide theoretical and empirical analysis of physician productivity and efficiency involving cost and production function estimations using NORC data.

Report

Project Number : 500-78-0053
 Principal Investigator : Brown, DM
 Organization : Nat'l Bureau of Economic Research

Title : Analysis of Physicians' Input Decisions

NTIS Number : PB81211971
 Biblio Info : Final Report Feb 81

Keywords : Productivity, Production Function, Physician Extenders, Input Decisions

Abstract : In this final report a detailed theoretical statement of the utility maximizing physician firm is developed. Product supply, input demand and labor supply equations are derived. Three functional forms of production functions are estimated: (1) CES, (2) Reinhardt's Transcendental-Exponential, and (3) Translog. Physician decisions about input demand, product supply and labor supply are addressed. The major data source for the empirical portions of the study is the 1975-76 HCFA Surveys of Physicians' Practices. The study finds that, on the basis of CES production functions, purchased labor inputs are generally overutilized, and the physician is underutilized. When the Reinhardt Transcendental Production function is used, physicians are found to use purchased labor inputs efficiently, but overutilize capital inputs.

NB: Doug Brown moved from the national bureau of economic research to Georgetown during the life of this contract and carried the project with him. Old status reports which did not use ID numbers sometimes create the confusing impression that there were two different projects when in fact there was only one with which Doug Brown was involved.

NISB hard file does not contain a copy of this final report. It is missing. If more information from the project is needed than can be obtained from the conference proceedings, the full final report can be purchased from NTIS.

Report

Project Number : 500-78-0053
Principal Investigator : Brown, DM; Lapan, HE
Organization : Nat'l Bureau of Economic Research

Title : Analysis of Physicians' Input Decisions

NTIS Number : PB82135757
Biblio Info : In HCFA Conf Proceedings Pub 03121 Aug 1981

Keywords : Physician Extenders, Production Function, Productivity, Solo/Group Practice

Abstract : This paper addresses the issue of whether physicians underutilize aides (nurses, technicians, etc.) It re-examines and retests the celebrated work of Uwe Reinhardt on production functions with a sample more than 4 times larger than Reinhardt's. The results show that the physician production function has changed significantly in the last decade. Only in a minority of cases does underutilization of aides exist; on average, physicians use aides efficiently. These findings contrast sharply with those of Reinhardt. Based on estimated production functions, Reinhardt concluded that auxiliary inputs were underutilized. He found that if the optimal quantity of aides had been employed, physicians' output could have increased by about 25%.

The researchers argue that the specification of Reinhardt's production function is inconsistent (implying a corner solution) and that the estimates derived are also biased. They show that the direction of the bias will depend on the relationship between the 4th and 2nd moments of the variables. For many distributions, this bias is positive.

Group physicians were found to produce substantially more visits, all else being equal, than solo physicians. A primary policy conclusion from the paper is that, to the extent that visits are a proper measure of output, the formation of group practices ought to be encouraged. With regard to input usage, the paper suggests that no policy changes are required to encourage efficient input use.

Report

Project Number
Principal Investigator
Organization

: 500-78-0053
: Brown, Douglas M
: Nat'l Bureau of Economic Research

Title

: Progress Report for Analysis of Physicians' Input Decisions

Biblio Info

: Progress Report, Dec 28, 1978

Keywords

: PPCIS, Input Decisions, Practice Costs, Productivity, Physician Extenders

Project

Project Number
Principal Investigator
Organization

: 500-78-0054
: Dresch, Stephen P.
: Inst for Demographic &

hysician Productivity, Remuneration Method, and Supplier-Induced Demand

Keywords

: Specialties, Education Costs

Project Description

: Under this project, rates of return to medical education by specialty are estimated and compared with rates for other occupations. The impact of increases in medical education costs on rates of return is addressed.

Report

Project Number : 500-78-0054
 Principal Investigator : Dresch, SP
 Organization : Inst for Demographic & Ec Studies
 Title : Occupational Earnings and the Return to Medical and other Professional Training, 1967-1977
 NTIS Number : PB83194274
 Biblio Info : Final Report Mar 83
 Keywords : Occupational Earnings, Income, Education Costs, PPCIS
 Project Description : This study provides a detailed examination of physician practice earnings by specialty in comparison to earnings in other occupations. Recognizing that gross earnings comparisons may seriously distort true interoccupational differences in economic rewards when earnings differentials compensate for other differences between occupations, the analysis incorporates adjustments for interoccupational differences in (A) schooling, and other training costs (including foregone earnings), (B) time devoted to professional activity and (C) observable individual characteristics (especially age and labor force experience.)

The analysis of occupational earnings in calendar year 1977 leads to the clear conclusion that, adjusting for interoccupational differences in the various indicated dimensions, earnings in medicine were quite high relative to earnings in all other occupations. The differentially high earnings of physicians were equivalent (in constant 1972 dollars) to a life annuity paying between \$3,000 and \$15,000 in each year after age 18. Differently stated the real rate of return to investment in a medical career was at least 12 to 16%. By comparison to general practice, physician specialization was also found to be generally profitable in 1977.

NB: NISB hard file does not contain a copy of this final report. If more information than can be found in the conference proceedings is needed, a copy of this report can be ordered from NTIS.

Report

Project Number : 500-78-0054
 Principal Investigator : Dresch, SP
 Organization : Inst for Demographic & Ec Studies

Title : Marginal Wage Rates, Hours of Work, and Returns to Physician Training and Specialization

NTIS Number : PB82135757
 Biblio Info : In HCFA Conf Proceedings Pub 03121 Aug 1981

Keywords : Income, Return on Investment, Education Costs

Project Description : This paper estimates professional earnings functions for 15 professional occupational groups, using the 1977 Current Population Survey Annual Demographic File (CPS). This file contains information on individual hours and earnings for calendar year 1976. In comparison to alternative occupations, physician training is found to be an extremely profitable investment when the nonlinearity of the hours-earnings relationship in professional occupations is recognized. A substantial element of pure economic profit is found in physicians' lifetime earnings.

With the exception of law, the choice of medicine over alternative occupations is equivalent to purchasing an annuity which will pay the 18 year old over \$4000 in every year until age 65; in many cases the annual payment would exceed \$10,000. Even at "full cost" medical school tuition, and assuming a continuation of current subsidies to all other forms of schooling, the annuity would pay over \$4000 per year by comparison to all but two alternative occupations. This indicates quite graphically the extreme profitability of a medical career.

Report

Project Number	:	500-78-0054
Principal Investigator/Author	:	Dresch, SP
Organization	:	Inst for Demographic & Ec Studies
Title	:	Marginal Wage Rates, Hours of Work and Returns to Physician Training and Specialization
Biblio Info	:	Draft Conference Paper, Feb 1980
Keywords	:	Induced Demand, Productivity, Education Costs, Return on Investment
Project Description	:	This paper was prepared for a conference on micro survey data on physician practice costs and incomes, sponsored by HCFA ORDS, Feb 27-28, 1980, Washington, DC.

Report

Project Number	:	500-78-0054
Principal Investigator	:	Dresch, SP
Organization	:	Inst for Demographic & Ec Studies
Title	:	Professional Earnings: An Analysis of Returns to Work Effort, Human Capital Investment and Occupational Choice
Biblio Info	:	First Year Final Report, Feb 13, 1981
Keywords	:	Return on Investment, Income, Education Costs, Occupational Choice

<u>Project</u>	
Project Number	: 500-78-0055
Principal Investigator	: Woodward, Robert
Organization	: Washington Univ of St Louis
Title	: Physician Productivity, Remuneration Method, and Supplier-Induced Demand
Keywords	: PPCIS, Alternative Reimbursement, Productivity, Induced Demand
Project Description	: Theoretical and empirical analysis of differences in physician behavior across various methods of physician remuneration.

Report

Project Number	:	500-78-0055
Principal Investigator	:	Woodward, RS
Organization	:	Washington Univ of St Louis
Title	:	Physician Productivity, Remuneration Method and Supplier-Induced Demand
NTIS Number	:	PB82123480
Biblio Info	:	Final Report, Feb 11, 1980
Keywords	:	Induced Demand, Alternative Reimbursement Methods, PPCIS
Project Description	:	The primary objective of this research was an increased understanding of how remuneration methods (not amounts) affect physicians' medical practices. The author employed economic modelling to identify hypotheses in this regard. These hypotheses were tested using regression analysis to assess mean differences and to estimate production functions. Graphic simulations were also used to identify potential rational physician equilibria that would correspond to physician induced demand and target income behavior. The empirical estimates yielded considerable support for the model's hypotheses. However, there was insufficient evidence to either confirm or refute hypotheses of target incomes, supplier induced demand, or physician initiated visits.

Report

Project Number
Principal Investigator
Organization

: 500-78-0055
: Woodward, RS
: Washington Univ of st Louis
: Physician Productivity, Remuneration Method and Supplier Induced Demand (Health Insurance Studies: Contract Research Series)

Title

: Progress Rept No. 1, Option Year 1, Aug 31, '80

Biblio Info

: Productivity, Induced Demand, PPCIS, Alternative Reimbursement Methods

Keywords

Project

Project Number	:	500-78-0058
Principal Investigator	:	Pauly, Mark
Organization	:	Northwestern Univ
Title	:	The Relationship Between Hospitals and Physician Costs, Outputs, Prices, and Income
Keywords	:	PPCIS, Practice Costs, Productivity
Project Description	:	Analysis of the impact of the availability of hospital resources on productivity, efficiency, and costs in physicians' office practice.

Report

Project Number : 500-78-0058
 Principal Investigator : Pauly, MV
 Organization : Northwestern Univ

Title : The Relationship Between Hospital and Physician Costs, Outputs, Prices and Income

NTIS Number : PB17046
 Biblio Info : Final Report June 81

Keywords : Productivity, Costs, Income, PPCIS, Hospital Costs, Specialties

Project Description : This report investigates the relationship between hospital and physician costs, outputs, prices, and incomes. HCFA/NORC survey data on individual physicians' practice costs and incomes were linked with information on the hospital inputs, characteristics, and costs at the hospital used by those physicians. This linked data was then to be used to investigate the relationship between inputs, costs, and characteristics of the hospital of primary affiliation and the physician's own output, costs, prices, and income. Production function estimates were obtained for physicians in eight specialty groups, both for the full sample of physicians and those physicians who worked regular hours during the survey week.

value-weighted physician output. Varying the hospital input per physician ratio from one standard importance. Varying the hospital input per physician ratio from one standard deviation below its mean to one standard deviation above its mean would increase gp output by about 9%, internist or general surgeon output by about 20%, obstetrician output by 30%, and neurosurgeon or orthopedic surgeon output by 40%. Cost functions showed little relationship between hospital costs inputs and either of two measures of practice costs. In the price function, there was generally a negative relationship between hospital inputs per physician at the physician's own hospital and his fee level (measured by fees for office or hospital visits). Income functions produced an absence of significant results.

Report

Project Number
Principal Investigator
Organization

: 500-78-0058
: Pauly, M
: Northwestern Univ

Title

: Hospital Characteristics, Physician Productivity, and Fee Levels

NTIS Number
Biblio Info

: PB82135757
: In HCFA Conf Proceedings Pub 03121, Aug 1981

Keywords

: Hospital Inputs, Productivity, Prices

Project Description

: This paper examines the effect of hospital inputs on physician outputs and prices. The primary measure of hospital inputs was the ratio of hospital employees per active staff physician in the surveyed physicians' primary affiliated hospital.

The paper reports that increases in the number of hospital employees per staff physician leads to substantial increases in physician output. Increasing this ratio from one standard deviation below the mean to one standard deviation above the mean results in an increase in value weighted output (sum of visits and operations weighted by relative prices) for GPS of 8.7%, for internists and general surgeons of 20%, and for orthopedic and neurosurgeons of 40%.

The author additionally analyzes the effect of hospital inputs on physician charges. Based upon reduced-form equations, he finds that increases in area-wide hospital inputs have a negative effect on charges for all specialties, but one that is sometimes statistically insignificant.

The paper's conclusions question the equity of the MEI. Differences in the rate of growth in hospital inputs per physician will lead to changes in physician real income, if all physicians are subject to the same index level. The author also suggests that rapid increases in future physician supply will be associated with both increased competition for staff appointments and declining physician productivity.

Report

Project Number
Principal Investigator
Organization

: 500-78-0058
: Pauly, MV
: Northwestern Univ

Title

: The Analysis of Survey Data on PPCIS: the Relationship Between Hospitals
and Physician Costs, Outputs, Prices and incomes

Biblio Info

: Draft Final Report, Nov 1, 1979

Keywords

: PPCIS, Practice Costs, Hospital Characteristics, Productivity, Specialties, Hospital Costs

Report

Project Number
Principal Investigator
Organization

: 500-78-0062
: Boardman, AE; Dowd, BE; Eisenberg, JM; Williams, SV
: Univ Pennsylvania

Title

: Physician Decision Making: An Analysis of Work Environment, Input, Pricing, Income, and Labor-Leisure Choices

NTIS Number
Biblio Info

: PB82193327
: Final Report May 81

Keywords

: Physician Decision-Making, Input Decisions, Pricing, Income, PPCIS, Geographic/Specialty Variations

Project Description

: This research focused on decisions that physicians make concerning the character of their practices including such variables as fees, patient load, hours worked, revenue, use of aides, and patient characteristics. The study first identifies physicians' styles of practice by performing factor analyses on the practice attribute variables. These analyses identify 5 practice styles. The second objective was to develop and estimate a causal model of practice styles designed to examine the effects of specialty, board certification, practice size and location, and individual physician characteristics.

Report

Project Number	: 500-78-0062
Principal Investigator	: Boardman, AE; Dowd, BE; Eisenberg, JM; Williams, SV
Organization	: Univ Pennsylvania
Title	: Physicians' Styles of Practice
NTIS Number	: PB82125757
Biblio Info	: In HCFA Conf Proceedings Pub 03121 Aug 1981
Keywords	: PPCIS, Practice Styles, Physician Extenders, Fees, Income
Project Description	: The authors have initiated a new line of inquiry into how physicians make decisions about their practices. They have developed a model involving physician preferences over bundles of medical practice attributes such as hours worked, fees, incomes, aides hired, types of patients, etc. They describe physician practices in terms of variables representing inputs to the production of services, output prices, and outputs themselves. Then they use factor analysis to identify clusters of these attributes that might characterize a style of practice, and they estimate a causal model which predicts the style of practice from a set of predetermined variables.

5 styles are identified: 1) many aides, high net income, many patients, and long hours; 2) a high proportion of Medicaid and other low income patients; 3) high fees, high income patients, and high net incomes; 4) many patients with Medicare and other insurance; and 5) many non-medical hours and many hours in non-patient-oriented professional activities. Consistent results on these styles were obtained using data from both the 1975 and 1976 PPCIS.

<u>Project</u>	
Project Number	: 500-78-0062
Principal Investigator	: Boardman, Anthony
Organization	: Univ Pennsylvania
Title	: Physician Decision-Making, Analysis of Work Environment, Input, Pricing, Income and Labor-Leisure Choices
Sponsor	: HCFA
Project Officer	: Mcmenamin, Peter
End Date	: 800228
NTIS Number	:
Biblio Info	:
Keywords	: Input Decisions, Pricing, Income, Practice Styles, Physician Extenders, Geographic/Specialty Variation
Project Description	: Exploratory analysis of the existence of medical practice styles, that is, clusters of attributes of physician practices that can be used to characterize distinct subpopulations of physicians.

Report

Project Number
Principal Investigator
Organization

: 500-78-0062
: Boardman, A E; Dowd, B E; Eisenberg, J M; Williams, S V
: Univ Pennsylvania
: Physician Decision Making: An Analysis of Work Environment, Input, Pricing, Income and Labor-Leisure Choices

Title

NTIS Number
Biblio Info

: : (Draft) Final Report, March 1980
: Physician Decision-Making, Input, Practice Styles, Physician Extenders, Fees, Income, PPCIS, Geographic Var

Keywords

: This work appears to be an early version of the final report which was sent to NTIS. It shows some differences from the final version.

Project Description

Report

Project Number	:	500-78-0062
Principal Investigator	:	Boardman, AE; Eisenberg, JM; Dowd, B; Williams, SV
Organization	:	Univ Pennsylvania
Title	:	Physicians' Styles of Practice (+)
NTIS Number	:	
Biblio Info	:	No Date, No Information (? Spin Off Article)
Keywords	:	Practice Styles, PPCIS, Physician Decision-Making
Project Description	:	This paper appears to be a first version of a spin-off article. A 2nd version is described in next record.

Report

Project Number	:	500-78-0062
Principal Investigator	:	Boardman, AE; Eisenberg, JM; Dowd, BE; Williams, SV
Organization	:	Univ Pennsylvania
Title	:	Physicians' Styles of Practice (A)
NTIS Number	:	
Biblio Info	:	No Date, No Info
Keywords	:	PPCIS, Practice Styles
Project Description	:	This paper appears to be a more complete version of the paper described in previous record.

Project

Project Number
Principal Investigator
Organization

: 500-80-0011
: Etnoyer, David P
: Pennsylvania Blue Shield

Title

: Examine the Pricing Behavior of Pennsylvania Physicians Since 1970 Based Upon Medicare and Private Insurance Paid Claims Records

Sponsor
Project Officer
End Date

: HCFA
: Cantwell, James
: 830228

Keywords

: Assignment, Private Insurance, Medicare Part B, Pricing

Project Description

: This project funds the collection of data to study longitudinal changes in physician service pricing levels in PA and other association with changes in practice and socio-demographic characteristics since 1970.

NB: This contract is a continuation of 600-76-0146 with Penn Blue Shield. 500-80-0011 supported continued data collection while 600-76-0146 provided for the analysis.

Report

Project Number	:	500-81-0041
Principal Investigator/Author	:	Mennemeyer,s
Organization	:	Abt Assoc
Title	:	Evaluation of the Medicare Part B Fixed Price Experiments in Maine, Upstate New York, and Illinois
NTIS Number	:	PB84187657
Biblio Info	:	Final Report Jan 1984
Keywords	:	Medicare Part B, Fixed-Price Contracts, Competition, Carriers
Project Description	:	This project evaluates the Medicare Part B fixed-price carrier experiments in Maine, Ill, and Upstate NY. The evaluation examines the experiments' effects on program costs and quality of carrier performance. Fixed-Price arrangements are compared with the previous systems in the 3 areas. The performance of each experimental contractor is also compared with the performance of 2 comparable cost-reimbursed contractors. Findings indicate that the fixed-price contractor experiments resulted in reduced federal costs for carrier services. The decreased costs were achieved by using different processing sites and better processing systems, and through some economies of scale.

Project

Project Number : 500-81-0041
 Principal Investigator : Mennemeyer, Stephen
 Organization : Abt Assoc
 Title : Medicare Fixed-Price Contracting: Evaluation of Part B Fixed-Price Medicare Contracts
 Sponsor : HCFA
 Project Officer : Perry, Brad; Broida, Joel
 End Date : 830331
 Keywords : Medicare Part B, Fixed Price Contracts, Carriers
 Project Description : This project evaluates the Medicare Part B fixed-price carrier experiments in Maine, Ill, and Upstate NY. The evaluation examines the experiments' effects on program costs and quality of carrier performance. Fixed-price performance of each experimental contractor is also compared with the performance of two comparable cost-reimbursed contractors.

Project

Project Number : 500-81-0048
 Principal Investigator : Sparer, Gerald
 Organization : SBA/Techna Assoc

 Title : Design and Implementation of Urban Medically Underserved Area Demonstration

 Sponsor : HCFA
 Project Officer : Meitl, John
 Status (Active, Compl'd, Term'd) : A
 End Date : 850930

 Biblio Info : Demo Reports Due Oct 86

 Keywords : Physician Extenders, Urban Areas, Underserved areas, Geographic Variation

 Project Description : This congressional mandated study will assess the use of physician extenders in medically underserved urban areas, define medically underserved areas, and evaluate alternative reimbursement options.

<u>Project</u>	
Project Number	: 500-81-0053
Principal Investigator	: Hadley, Jack
Organization	: Urban Inst
Title	: Alternative Methods for Developing a Relative Value Scale of Physicians' Fees
Sponsor	: HCFA
Project Officer	: Jencks, Stephen
End Date	: 840928
Keywords	: Fee Schedules, RVS, Medicare
Project Description	: This is a project to explore criteria and methods underlying RVS for physician services. Some of these methods will be applied to approx 100 procedures to develop RVS. The study will address the implications of adopting different construction methods.

Report

Project Number
Principal Investigator
Organization

: 500-81-0053
: Hadley, J; Juba, D; Berenson, R; Sulvetta, M
: Urban Inst

Title

: Alternative Methods of Developing a Relative Value Scale of Physicians' Services

NTIS Number
Biblio Info

: PB86118379
: Final Report UI-3075-07 (Rev.) Apr 85

Keywords

: Fees, RVS, Fee Schedules, Medicare

Project Description

: The report presents the results of work completed during the 2nd year of UI's project. The 1st year's work was concerned primarily with the technical aspects of alternative methods of constructing RVS. 5 basic methods were evaluated: charge-based methods, which build relative values from data on MD's charges; the statistical cost function approach, which would derive RVS from the parameters of multiproduct cost function for MDS' services; time-based methods, which use data on the amount of time physicians spend performing various procedures; micro-costing and time/motion study methods, which use information obtained by detailed, on-site observation of the process of producing MDS' services; and consensus development/social preference methods, which rely on expert opinion and/or group decision making to arrive at relative values.

Report

Project Number : 500-81-0053
Principal Investigator : Holahan, J; Etheredge, L (Eds.)
Organization : Urban Inst

Title : Medicare Physician Payment Reform: Issues and Options

Biblio Info : UI No #, No Date

Keywords : RVS, Fee Schedules, Participation, Volume of Services

Project Description : This study was supported jointly by 500-81-0053
and 18-C-98526. It is filed in the NISB hard file
under 18-C-98526. No abstract is available.

Report

Project Number
Principal Investigator
Organization

: 500-81-0053
: Hadley, J; Held, P; Holahan, J; Wagner, J
: Urban Inst

Title

: Preliminary Research Plan for Alternative Methods of Developing
a Relative Value Scale of Physicians' Fees

Biblio Info

: UI 3075-1 NOV 1981

Keywords

: RVS, Fee Schedules, Fees

Report

Project Number	:	500-81-0053
Principal Investigator	:	Hadley, J; Held, P; Holahan, J; Wagner, J
Organization	:	Urban Inst
Title	:	Final Research Plan for Alternative Methods of Developing a Relative Value Scale of Physicians' Fees
NTIS Number	:	
Biblio Info	:	UI 3075-2, May 1982
Keywords	:	RVS, Fees, Fee Schedules

Report

Project Number
Principal Investigator
Organization

: 500-81-0053
: Carlson, CL
: Urban Inst

Title

: Data Base Completion Report

Biblio Info

: UI 3075-3, May 1982

Keywords

: RVS, Fees, Fee Schedules, Data Systems

Report

Project Number	:	500-81-0053
Principal Investigator/Author	:	Juba, DA
Organization	:	Urban Inst
Title	:	The Effects of Health Insurance on Absolute and Relative Prices of Physicians' Services
Biblio Info	:	UI 3075-05, Feb 1984
Keywords	:	Private Insurance, RVS, Fees, Fee Schedules

<u>Project</u>	
Project Number	: 500-81-0054
Principal Investigator	: Mitchell, Janet B
Organization	: HER
Title	: Alternative Methods for Describing Physician Services Performed and Billed
Sponsor	: HCFA
Project Officer	: Cantwell, James
Status (Active, Compl'd, Term'd)	: C
End Date	: 831130
NTIS Number	: PB84206507
Biblio Info	:
Keywords	: Packaging, Unpackaging, CPT-4 Codes, Billing
Project Description	: The purpose of this study is to analyze the advantages and disadvantages to many different packaging methods. This will include analysis of the extent to which current Medicare billing procedures (CPT-4) may foster unpackaging. The project will also develop and test new ways of packaging physician services for reimbursement purposes, particularly the feasibility of using medical criteria such as diagnosis and reason-for-visit.

Report

Project Number
Principal Investigator
Organization

: 500-81-0054
: Mitchell, JB
: CHER

Title

: Alternative Methods for Describing Physician Services Performed and Billed

NTIS Number
Biblio Info

: PB84206507
: Final Report, Feb 1984

Keywords

: Packaging, Unpackaging, Billing, CPT-4 Codes, Physician DRGs, Specialties, Coding

Project Description

: To date, Federal efforts to control physician expenditure inflation have focused primarily on either restraining fee increases or reducing unnecessary utilization. Effective cost control, however, can only be achieved by controlling price and quantity simultaneously, and this requires an innovative approach to reimbursing MDs. This report explored new ways of packaging MD services, approaches that redefine the payment unit from a narrow procedure to a more comprehensive bundle of services.

Using 1981 Medicare Part B claims for Mich and SC, the authors simulated what these packages might look like. The absence of good casemix measures would appear to render ambulatory care packages infeasible, at least at the present time. Two other types of packages definitely seem feasible and appropriate for further study by HCFA, however: the special procedure package and the inpatient condition package (also known as physician DRGs). A special procedure consists of all related components of a diagnostic or therapeutic procedure. An inpatient condition package is even broader in scope, encompassing all physician services provided during the hospital stay. The major advantage of both special procedure and inpatient condition packages is that they encourage the MD to take a broader view of the patient care process, with incentives to cut back on marginal procedures. Despite these advantages, both of these packages exhibited substantial unexplained with-procedure and within-DRG variation in total physician charges.

Report

Project Number
Principal Investigator
Organization

: 500-81-0054
: Mitchell, JB
: Cher

Title

: Packaging Physician Services: An Alternative Approach to Medicare Reimbursement

Biblio Info

: No Date, No Info (Early Version or Spinoff?)

Keywords:

: Packaging, Unpackaging, Billing, CPT-4 Codes, Coding, Physicians DRGs

<u>Project</u>	
Project Number	: 500-82-0018
Principal Investigator	: Greenberg, Leonard
organization	: mandex
Title	: Comparison of Services Provided by Hospital Outpatient Depts With Services Provided by Physician Offices
Sponsor	: HCFA
Project Officer	: Dutton, Benson
End Date	: 830404
Keywords	: Outpatient Care, Comparison With Private Practice
Project Description	: The purpose of this project is to develop a methodology in order to comply with Section 2142 of OBRA which covers the setting of limitation on reasonable costs and reasonable charges for outpatient services.

Project Number	: 500-82-0018
Principal Investigator	: West, H
Organization	: Mandex
Title	: Comparison of Services by Hospital OPD and Physicians' Offices
NTIS Number	: PB83213736
Biblio Info	: Final Report Feb 83
Keywords	: Outpatient Depts, Comparison With Private Practice, CPT-4 Codes, Medicare
Project Description	: To identify the kinds of services that might be controlled, HCFA awarded a contract to Mandex to obtain and analyze claims data from Medicare carriers and intermediaries in 4 States: FL, MD, NJ, and SC. The analysis was to center on the frequency of and charges for medical care services provided by physicians in hospital outpatient depts and in MDS' offices in those 4 States. Assembly and comparison of these data within each state presented no special problems. However, the cross-state comparisons needed to develop the required categorization of services (i.e. by degree of similarity) dictated that the data be standardized to be reflective of all 4 States. This was accomplished (for Part B data) by converting, as necessary, the individual carrier's terminology and codes to the physicians' current procedural terminology, 4th Ed (CPT-4), 1980 update. This resulted in a listing of CPT-4 codes based on the data from all 4 States. tables for each State, showing for each listed CPT-4 code the number of bills, the total charges, the average charge and the standard deviation, in hospital outpatient depts, physicians' offices, and independent labs were produced. In addition, details on procedural categories of high frequency, physician visits and consultations, not directly relevant to the issues of this project were prepared while data on low frequency procedures by broad medical categories were aggregated.

Report

Project Number
Organization

: 500-82-0018
: Mandex

Title

: Comparison of Services in Hospital Outpatient Departments and Physicians' Offices

Biblio Info

: HCFA Staff Summary Series 85-14, July 1985

Keywords

: Outpatient Care, Outpatient Depts, Comparison With Private Practice

ReportProject Number
Organization

Title

Biblio Info

Keywords

Project Description

:	500-82-0018
:	Mandex
:	Comparison of Services in Hospital Outpatient Departments and Physicians' Offices
:	HCFA Staff Summary Series, No #, Feb 1983
:	Outpatient Depts, Comparison With Private Practice, Ambulatory Care
:	Earlier version of Staff Summary recorded in previous record.

Report

Project Number	: 500-82-0018
Principal Investigator	: West, H; Marcus, L
Organization	: Mandex
Title	: Comparison of Services in Hospital Outpatient Departments and Physicians' Offices
Biblio Info	: Addendum to Final Report, May 25, 1984
Keywords	: Outpatient Depts, Hospitals, Comparison With Private Practice
Project Description	: This Addendum to Final Report of 500-82-0018 was completed under 500-83-0037.

Project

Project Number
Principal Investigator
Organization

: 500-82-0025
: Venable, Ann
: Arthur D Little Inc

Title

: Evaluation of the Urban Clinics Demonstration

Sponsor
Project Officer
End Date

: HCFA
: Duzor, Spike
: 860731

Biblio Info

: Evaluation Report Delayed by Demo Extension

Keywords

: Physician Extenders, Urban Areas, Urban Clinics, Geographic Variation, Underserved Areas

Project

Project Number	:	500-82-0027
Principal Investigator	:	Rubel, Eugene
Organization	:	Orkand Corp
Title	:	Re-examination of the 44 Freestanding Emergency Centers or Emergicenters
Sponsor	:	HCFA
Project Officer	:	Dutton, Benson
End Date	:	830330
Keywords	:	Emergency Centers, Emergicenters, Ambulatory Care
Abstract	:	This study of a reexamination of the 44 free-standing emergency centers identified and surveyed in 1979. A thorough background review of the literature will be conducted and a discussion guide describing fully the emergency centers will be prepared. A profile of emergency centers will be developed based on their observable characteristics. Findings from the new survey will be compared and analyzed with those from the 1979 survey.

Project

Project Number	:	500-82-0027
Author	:	Jagger, F
Organization	:	Orkand Corp
Title	:	Study to Provide Updated Information on Emergicenters
NTIS Number	:	PB83211391
Biblio Info	:	Final Report Feb 22, 1983
Keywords	:	Emergency Centers, Ambulatory Care, Emergicenters, Freestanding Medical Centers
Project Description/Abstract	:	The study had 3 major objectives: 1) to identify and recontact the 44 emergicenters that participated in the 1979 study to determine how the centers have changed in terms of organizational characteristics and their role in the local health care system; 2) to identify the critical characteristics that are useful in categorizing the centers with respect to organizational and operational characteristics, and 3) to identify the number of freestanding emergency centers currently in operation in the U.S. The study also sought to identify facility problems as well as issues concerning emergicenter operations. General, open-ended questions addressed problems that emergicenters have confronted or are confronting presently. The following specific issues were explored: 1) the policies of the Federal government and third party payers toward reimbursement of both hospital-affiliated and independent emergicenters, 2) the guidelines or policies that may have been established or are being established for the regulation of emergicenters including certificate of need. The presence or possible adoption of state licensure standards and their impact on emergicenters. Of the 44 emergicenters included in the original study, 12 (27.3%) apparently experienced a major change in the nature of their operations which resulted in their being dropped from the emergicenter group. Two centers closed between 1979 and 1982. Three centers were identified as multi-specialty clinics or large group practices. Seven centers included in the original study were determined to be physician's offices in 1982.

Report

Project Number	:	500-82-0027
Author	:	Dutton, Benson
Organization	:	Orkand Corp
Title	:	Study to Provide Updated Information on Emergicenters
Biblio Info	:	HCFA Staff Summary Series, No #, Feb 1983
Keywords	:	Emergency Centers, Emergicenters, Ambulatory Care

Report

Project Number : 500-83-0025
 Author : Rosenbach, ML; Harrow, BS; Cromwell, J
 Organization : NORC/HERI
 Title : Physician Involvement in Hospital Emergency Rooms and Outpatient Departments: Final Report
 NTIS Number : PB86184850
 Biblio Info : Final 1983-85 Report March 25, 1986
 Keywords : PPCIS, Emergency Medicine Specialists, Outpatient Depts, Emergency Rooms, PPS Impact
 Project Description/Abstract : This a descriptive statistical analysis of MD involvement in hospital emergency rooms and outpatient departments. Data from the 84-85 PPCIS and various secondary sources (Area Resource File; AMA Physician Master File) were examined to analyse and compare emergency medicine specialists and other specialists in their involvement in ER/OPDS. Relationships studied were physician specialty, employment status, level of involvement in ER/OPDS, sex, race. Practice costs, income and hospital financial arrangement and response to PPS and PPA program. Findings were that emergency medicine specialists account for 43% of total patient visits to the ER/OPD. EM specialists are likely to be younger, US medical school graduates and less likely to be board certified. EM specialists compared to other specialists who have high payments and are more likely to rely on income derived from the hospital. They were more likely to have perceived an impact from PPS and to report pressure to discharge sooner, reduce ancillaries, and to increase admissions than the other physicians with high ER/ORD activity. EM specialists were far more likely to have signed the PPA than other specialists. The report also includes a description of the PPCIS (N = 4729), sampling procedures, response rate, weighting and estimation methodology as well as 25 tables.

Report

Project Number	: 500-83-0025
Author	: Rosenbach, ML; Hurdle, S; Cromwell, J
Organization	: NORC/HERI
Title	: An Analysis of Medicare's Physician Participation Agreement Program: Final Report
NTIS Number	: PB86166121
Biblio Info	: Final 1983-85 Report Oct 29, 1985
Keywords	: Participation Agreements, National Physician Estimates, PPCIS, Assignment, Participation Rates
Project Description/Abstract	: This a descriptive statistical analysis of FY 1985, 1st year of PPA. Data from the 1984-85 national PPCIS and various secondary sources (area resource file, AMA Physician Master File) were examined using crosstabular analyses of MD characteristics. Relationships studied included Physician Specialty, type of financial arrangements, organization of practice, volume and work effort, medicare dependency, assignment rates, practice costs, reasons for participation, area characteristics, and financial characteristics of patient population. Examination of participation rates showed limited variation across most specialties and geographic settings. Age, race, country, board certification status, medicare dependency, and practice size of physician differentiated participants from nonparticipants. Although net income showed no clear relationship, economic and socio-political concerns dominated both participants' and nonparticipants' decisions to enter into agreements. The report also includes a description of the PPCI Survey (N = 4,729), sampling procedures, response rate, weighting and estimation methodology as well as 40 tables and an appendix which compares study participation rates and assignment rates with 2 other sources.

Report

Project Number
Author
Organization

: 500-83-0025
: Rosenbach, ML; Cromwell, J
: NORC/HERI

Title

: Physicians' Perceptions about the Short-run Impact of Medicare's
Prospective Payment System: Final Report

NTIS Number
Biblio Info

: PB86165172
: Final 1983-85 Report Nov 14, 1985

Keywords

: PPCIS, PPS

Project Description/Abstract

: This is a Descriptive Statistical Analysis of Physicians' perception of the medicare PPS short run impact on practitioners' inpatient hospital activity. Data from the 1984-85 national PPCIS and various secondary sources (Area Resource File; AMA Physician Master File) were examined with crosstabs analyses of physician, hospital and national characteristics. Relationships studied were physician specialty, type of hospital financial arrangements, sources of revenue, employment settings, and volume of admissions; hospital location, ownership, bedsize, occupancy, medicare dependency, average cost of inpatient care and local competition. Findings were that 89% of radiologists and 83% of other physicians were encouraged to change their inpatient hospital activity in one or more ways. Physicians most commonly reported pressure to discharge patients sooner and to shift testing to outpatient settings. Practitioners with higher medicare caseload or with a greater dependency on hospital revenue were more often urged to discharge sooner. No urban/rural and relatively minor regional differences in PPS Impact were found. The authors concluded that physicians believe Medicare PPS has had a widespread impact on their inpatient activities. The report also includes a description of the PPCIS (N= 4729), sampling procedures, response rate, weighting and estimation methodology as well as 21 tables.

Project

Project Number
Author
Organization

: 500-83-0025
: Rosenbach, ML; Harrow, BS; Hurdle, S
: NORC/HERI

Title

: Physician Participation in Alternative Health Plans: Final Report

NTIS Number
Biblio Info

: PB86243128
: Final Report, July 19, 1986

Keywords

: Participation, Alternative Health Plans, HMOS, IPAS, PPOS, fee-for-service, prepaid plans, PPCIS

Project Description/Abstract

: Exploratory analysis of the existence of medical practice styles, that is, clusters of attributes of physician practices that can be used to characterize distinct subpopulations of physicians.

Project

Project Number	:	500-83-0025
Principal Investigator/Author	:	Sprachman, S
Organization	:	NORC/HERI
Title	:	Survey of Physicians' Practice Costs and Incomes 1983-1985: Redesign and Implementation
Sponsor	:	HCFA
Project Officer	:	Terrell, Sherry
End Date	:	860131
Keywords	:	Income, Pricing, Practice Costs, Fees
Project Description/Abstract	:	The first stage of this project is an Assessment of the Survey Instruments, the sample, and the data collection methodology of the 1976-77-78 physicians' practice costs surveys. A pretest will be conducted to test the validity and reliability of revised information collection. upon completion of this assessment, a nationwide survey will be conducted.

Report

Project Number	:	500-83-0025
Principal Investigator/Author	:	Sprachman; Burich; Rosenbach; Cromwell; Spenser
Organization	:	NORC/HERI
Title	:	Physicians' Practice Costs and Income Survey (PPCIS): U.S., CY 1983-1985 Final Methodological Report
NTIS Number	:	PB86204302
Biblio Info	:	Final Methodological Report Dec. 1985
Keywords	:	PPCIS, Practice Costs, Income, Geographic/Specialty Variation
Project Description/Abstract	:	This is the Final Methodological Report of the PPCIS: U.S., 1983-85 conducted by NORC. Cher served as subcontractor for data analysis. A national probability sample of 4,729 physicians was surveyed by computer assisted telephone interviewing (CATI) between 1984 and 1985 about physician practice costs, income, financial arrangements, alternative forms of practice, service delivery, changes in physician-hospital relationships, participation in public programs and patient characteristics. The report includes an executive summary, and detailed explanation of the survey objectives, nonresponse bias, data collection, questionnaire design, data preparation, and data processing. In addition, selective analytical findings are summarized. The extensive technical documentation includes 37 tables, 18 exhibits, and 4 appendices. The survey selection criteria, comparisons of the current survey with the 1979 survey, specialty distributions, response rates, average design effects, survey sampling categories, census definitions, and sample cells are included as tables. The questionnaire, issues in locating physicians, imputations made in the current (1983) survey, and standard errors and design effects are included in the Appendices.

Journal

Project Number	: 500-83-0025
Principal Investigator/Author	: Rosenbach, ML; Harrow, B; Cromwell, J
Organization	: NORC/HERI
Title	: A Profile of Emergency Medicine Specialists, 1984-85: Demographic Characteristics, Practice Patterns, and Income
NTIS Number	: Mar 86/ Sent to Annals of Emergency Medicine
Biblio Info	: Emergency Medicine Specialists, PPCIS
Keywords	

Report

Project Number

Author

Organization

Title

Biblio Info

Keywords

: 500-83-0025
: Rosenbach, ML
: NORC/HERI

: Merger of Secondary Data

: Final Report Aug 1985 (HCFA USE ONLY)

: Data Systems, PPCIS

Report

Project Number	: 500-83-0025
Principal Investigator/Author	: NORC
Organization	: NORC/HERI
Title	: Physician' Practice Costs Study
Biblio Info	: Questionnaire Form - OMB 0938-0284 Exp 09/30/85
Keywords	: PPCIS, Questionnaire
Project Description/Abstract	: Norc 4381 October 1984 HCFA 414

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 500-83-0025

: Sprachman, S; Rosenbach, ML

: NORC/HERI

: Report to Respondents Participating in the Physicians' Practice Cost and Income Survey

: PB87109823

: Report, June 1986

: PPCIS, Practice Patterns, Costs, Income

Project

Project Number : 500-83-0037

Investigator : West, Howard

Organization : Mandex

Title : Comparison of Services in Hospital Outpatient Departments and Physician Offices

Sponsor : HCFA

Project Officer : Dutton, Benson

Status (Active, Compl'd, Term'd) : C

End Date : 840526

Keywords : Outpatient Care, Bundling, Comparison with Private Practice

Project Description/Abstract : This study will examine data from carriers in two or more states to determine patterns of care provided medicare beneficiaries by physicians who practice primarily in hospital outpatient depts. From the same carrier data sources, the bundles of medical care services will be identified by type and place rendered which are delivered in association with 20 or more high outlay therapeutic procedures.

Report

Project Number
Principal Investigator/Author
Organization

: 500-83-0037
: West, H; Marcus, L
: Mandex

Title

: Comparison of services in Hospital Outpatient Depts and Physicians' Offices:
Addendum to the Final Report

NTIS Number
Biblio Info

: PB84243435
: Addendum May 25,'84 +4 Preliminary

Keywords

: Outpatient Depts, Emergency Rooms, Medicare, Outpatient Care, Bundling, Comparison
with private Practice

Project Description/Abstract

The comparison of services in Hospital Outpatient Depts and Physician' Offices was designed to identify Care Services provided by Physicians in Hospital Outpatient Depts which (1) in most instances are similar to services provided in MDS' Offices, (2) in some (but not most) instances are similar to services provided in MDS' Offices, and (3) are similar to services provided in MDS' Offices. To accomplish these comparisons, a fairly comprehensive examination of the medicare Part B physician bill data for 4 states was carried out. During this examination, it became evident that the data also could be used to examine patterns of care provided by Physicians Practicing Primarily in Hospital Outpatient Dept settings. Data for 2 of 4 states used in the basic study were selected for use in examining care patterns. SC Blue Shield and FL Blue Shield data were selected. It was decided to use the SC data to explore the relationships within the data, then apply the knowledge gained in the analysis of the FL data. The hospital OPD services in SC and in FL billed to medicare patients by MDS identified as providing a relatively high frequency of such services or as having relatively high aggregate charges are basically ER services. Patients served by these MDS appear to have used the OPD primarily to receive ER services. These few OPD "EMERGENCY" Room Physicians Provide 32% of all such visits in FL and 47% in SC. NB: This Addendum to 500-82-0018 = Final Report for 500-83-0037. The 4 Preliminary Reports = Data.

Report

Project Number
Author
Organization

: 500-83-0046
: West, H; Marcus, L.
: Mandex

Title

: Development of a Physician-Oriented Data Base

NTIS Number
Biblio Info

: PB85163087
: Final Report Oct 84

Keywords

: Databases, Coding, Billing, Medicare Part B Claims

Project Description/Abstract

: The project obtained from 3 of 4 participating carriers tapes created by the carriers that were in the format specified. Also, to the maximum extent feasible, codes used by a carrier that varied from the "Standard" Codes specified for a data element were converted by the carrier to match the "Standard" Codes. The data obtained from the 4th carrier allowed mandex the opportunity to carry out each of the steps necessary to first match the records in the Master Patient History File with the customary and prevailing files in order to insert customary and prevailing charge data, then to convert each set of codes as needed to the "Standard" format. A major goal of the project was to develop methods for selecting a sample of physicians so that it would be unnecessary for HCFA to collect 100% of Part B bill data.

Project

Project Number : 500-83-0046

Principal Investigator/Author : West, Howard

Organization : Mandex

Title : Design of an Improved Monitoring System for Medicare Assignment

Sponsor : HCFA

Project Officer : Dutton, Benson

End Date : 840930

Keywords : Medicare Part B, Assignment, Participation Agreements

: A Pilot Study to assess the feasibility of extracting Part B Payments Data that could be used to statistically monitor the behavior of physician practices which participate in Medicare. The physician (practice) oriented Medicare Part B data base would be collected on a small sample of the uniquely indentified practices that participate in medicare (approximately 600,000 practices).

Summary

Project Number	: 500-83-0046
Author	: Dutton, Benson
Organization	: Mandex
Title	: Development of a Physician-Oriented Data Base
Sponsor	: HCFA
Biblio Info	: HCFA Staff Summary Series 85-13, May 1985
Keywords	: Medicare Part B, Assignment, Participation Agreements

Report

Project Number
Author
Organization
Sponsor

: 500-84-0024
: West, H; McMenamin, P; Marcus, L
: Mandex
: HCFA

Title

: Developing MD-DRG Algorithms

NTIS Number
Biblio Info

: PB85198034
: Final Report Feb 85

Keywords

: PPS, MEDPAR, Bill Summary Records, DRGs, Physician DRGs

Abstract

: This study was initiated primarily to assess the potential methodologies that might be employed in examining the merger of Part A and Part B data rather than explicitly to develop methods that might be employed in establishing a physician payment system based on the DRGs. However, given the immediacy of the requirement that DHHS report to congress on the feasibility and advisability of physician payments using the hospital DRG system, this summary will be focused on the lessons that have been learned in the course of the project as they relate to a potential MD-DRG system.

With respect to the ultimate questions of the feasibility and advisability of a physician reimbursement system related to the current DRGs for hospital payment, the data available offer only partial answers. From a strictly conservative perspective based on the analysis of the merged carrier and intermediary data from 2 states, one would conclude that a Physician DRG system is not inconceivable. A few components necessary for the development of such a system are feasible, but the data at hand do not reveal whether such a system would be advisable. The data used in the study came from intermediary and carrier files from the states of SC and FL for calendar year 1981. HCFA abstract data for the same states for that year from the MEDPAR and bill summary record systems were also analyzed. Basically, the carrier and intermediary data (and directly derived 1981 HCFA in-house DATA) are most relevant to the questions associated with establishing rates for MD-DRGs.

<u>Project</u>	
Project Number	: 500-84-0024
Investigator	: West, Howard
Organization	: Mandex
Title	: Developing MD-DRG Algorithms
Sponsor	: HCFA
Project Officer	: Dutton, Benson
End Date	: 841106
Keywords	: Physician DRGs, PPS, Bill Summary Records, MEDPAR
Project Description/Abstract	: Through the Development of Statistical methods and algorithms, this project will provide a method for calculating on the HCFA computing system the value of physician services related to each inpatient confinement classified by DRG from the 1981 Medicare Inpatient Stay (MEDLAR), 1490 (Part B) Summary Record, and 1483 (Outpatient) sample claims.

Report

Project Number
Author
Organization

: 500-84-0024
: West, H; McMenamin, P; Marcus, L
: Mandex

Title

: Some Lessons Relating Physician Payments to Diagnosis-Related Groups

Sponsor
Project Officer

: HCFA
: McMenamin, Peter

Biblio Info

: HCFA Working Paper Series NO. 86-17, June '86

Keywords

: Physician DRGs, PPS, MEDPAR, Bill Summary Records

: The Legislation Mandating the Implementation of the Medicare PPS also included a requirement to study the applicability of the DRG system to physician reimbursement reform. This article is adapted from the executive summary of a report to HCFA and the Office of the Secretary, HHS, that examined merged Part A and Part B data sets from two states to explore the potential problems involved in associating medicare physician reimbursements with respect to individual DRGs. These analyses suggest that some of the components that would be required for a DRG-Oriented Physician Payment System are feasible. The data are not unequivocal with respect to the advisability of such a system.

Project

Project Number	:	500-85-0023
Principal Investigator/Author	:	West, Howard
Organization	:	Mandex
Title	:	Further Development of MD-DRG Algorithms
Sponsor	:	HCFA
Project Officer	:	Dutton, Benson
End Date	:	860930
Keywords	:	PPS, Physician DRGs, MEDPAR, DRGs, Bill Summary Records
Project Description/Abstract	:	A project which will continue the development of statistical algorithms for calculating the value of physician services related to inpatient stays categorized by DRG. The study will examine linked Medicare Part A and B Data for a selection of medical and surgical DRGs.

Project Number
Author
Organization

: 500-85-0023
: West, H; McMenamin, P; Marcus, L
: Mandex

Title

: Further Development of MD-DRG Algorithms

Biblio Info

: Phase 1 Final Report, Aug 15, 1986

Keywords

: Physician DRGS, Fee Schedules, BMAD, Billing, HCPCS

: This project has been concerned with a variety of analyses of medicare physician billings based upon the complete 1983 patient history data from each of four carriers. One of the analyses was relevant to the question of physician DRGS, however, the Bulk of the Efforts were devoted to the other analyses including: examinations of the distribution of medicare allowed charges across procedures and physician practices, simulations of fee schedules in one state, and comparisons of data from the patient history files and the Part B Medicare Annual Data (BMAD) Files maintained by HCFA. Much of this work has been presented in the periodic progress reports prepared during the course of the project. These are reproduced and included in Section C. four distinct notes on findings with respect to the fee schedule simulations and the practice oriented analyses are included in Section B. A separate deliverable from the practice oriented analyses are included in Section B. A separate deliverable from the practice oriented analyses is a set of computer printouts on the hcfa common procedure coding system HCPCS Billing Codes and modifiers used by each specialty in the state of South Carolina.

Report

Project Number	:	500-86-0017
Investigator	:	Baghelai, Cyrus
Organization	:	System Sciences
Title	:	Literature Review: Analysis of the Impact of the PPS on the Provision of Physician Services
Sponsor	:	HCFA
Project Officer	:	Galloway, Sydney
Status (Active, Compl'd, Term'd)	:	A
NTIS Number	:	
Biblio Info	:	SSI NO. 261.01 (1ST Deliverable)
Keywords	:	PPS Impact, Physician Services, Literature Review

Project

Project Number
Investigator
Organization

: 600-74-0250
: Hanft, Ruth
: Inst of Medicine

Title

: Study of the Reimbursement of Teaching Physicians

Sponsor: SSA
Project Officer
End Date

: Diamond, Al; Gaus, Cliff
: 770830

Keywords

: Teaching Hospitals, Teaching Physicians

: Based on a congressional mandate, this project studied the problems related to Medicare/Medicaid reimbursement of teaching physicians by the hospitals in which they both teach and render patient care.

NB: Neither abstract nor study are available.

Report

Project Number	:	600-75-0175
Principal Investigator/Author	:	McCarthy, EG; Finkel, ML
Organization	:	Cornell Univ
Title	:	Second Surgical Opinion: Update
Sponsor	:	HCFA
NTIS Number	:	PB82133695
Biblio Info	:	In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	:	Second Opinions, Surgery

Project

Project Number
Investigator
Organization

: 600-75-0188
: Kriesberg, Harriet
: Robert R. Nathan assoc

Title

: Physician Reimbursement Experiment Design

Sponsor
Project Officer
End Date

: SSA
: Splitgerber, M
: 751230

Keywords

:
: The design of an experiment in the reimbursement
of physicians which was presented but never
implemented due to legal complications and low
levels of cooperation. A pre-implementation
report is available.

Report

Project Number	:	600-75-0188
Author	:	Kriesbert, H
Organization	:	Robert R. Nathan Assoc
Title	:	The Protocol of an Alternate Reimbursement System for Part B of Medicare
Sponsor	:	HCFA
NTIS Number	:	Not Sent
Biblio Info	:	Final Report, Nov, 1975
Keywords	:	Medicare Part B, Fees, Assignment, Billing, Ambulatory Care
Project Description/Asbstract	:	The project was never implemented due to legal Problems. Thie report, however, is available. It was not sent to NTIS and no plans are being made to send it.

Report

Project Number
Author
Organization

: 600-75-0209
: Gertman, PM; Anderson, JA; Monheit, AC; Eagle, JB
: Boston Univ

Title

: Utilization Review in the United States: Results from a 1976 National Survey of Hospitals

NTIS Number
Biblio Info

: PB82133695
: In HCFA Conf Proceedings Pub 03067 Dec 80

Keywords

: Utilization Review, Hospitals, PSROS

Project

Project Number
Investigator
Organization

: 600-75-0212
: Cromwell, Jerry
: Abt Assoc

Title

: Study of Administrative Costs in Physicians' Offices and Medicare Participation

Sponsor
Project Officer
End Date

: SSA
: Greenspan, Nancy
: 771230

Keywords

: Fees, National Health Insurance, Fee-for-Service, MEI, Practice Costs, Participation, Assignment, Bad Debts

: This project examined the reasons why practices vary in efficiency and cost and the level of Medicaid participation and factors affecting physician participation in public programs. This survey served as a pilot test of the feasibility of collecting practice cost information from physicians, which might be used to refine the Medicare Physicians Economic Index as mandated by the Senate report accompanying the 1972 amendments.

Report

Project Number : 600-75-0212
 Author : Sloan, F; Cromwell, J; Mitchell, JB
 Organization : Abt Assoc

Title : A Study of Administrative Costs in Physicians' Offices and Medicaid Participation

NTIS Number : PB271066
 Biblio Info : Final Report Jun 77

Keywords : Fee-for-Service, National Health Insurance, Fees, Practice Costs, MEI, Bad Debts, Participation, Assignment

: Contents: survey methodology; effects of incentives on md performance; organization of practice mode; administrative costs in physician's practice; a conceptual framework for analysis of physician payment-in-full programs; policies and procedures of 3rd-party reimbursement; Medicaid participation; reduced fees and bad debts of physicians; direct payment by 3rd party payors to MDS.

Report

Project Number : 600-75-0212
Author : Cromwell, J; Sloan, F; Mitchell, J
Organization : Abt Assoc

Title : Physician Administrative Costs and Medicaid Participation

Sponsor : HCFA

NTIS Number : PB82133695
Biblio Info : In HCFA Conf Proceedings Pub 03067 Dec 80

Keywords : Participation, Physician Decision-Making, Practice Styles

<u>Book</u>	
Project Number	: 600-75-0212
Authors	: Sloan, F; Cromwell, J; Mitchell, JB
Organization	: Abt Assoc
Title	: Private Physicians and Public Programs
NTIS Number	:
Biblio Info	: Lexington: D.C. Heath, 1978
Keywords	: Participation

Journal Article

Project Number
Author
Organization

: 600-75-0212
: Sloan, F; Mitchell, JB; Cromwell, J
: Abt Assoc

Title

: Physician Participation in State Medicaid Programs

Biblio Info

: J of Human Resources XIII Suppl: 211-245, 1978

Keywords

: Participation, Medicaid

<u>Project</u>	
Project Number	: 600-76-0054
Investigator	: Holahan, John
Organization	: Urban Inst
Title	: Analysis of Physician Fees Under Medicare and Medicaid in Calif
Sponsor	: SSA
Project Officer	: Gabel, Jon
End Date	: 791229
Keywords	: Specialties, Survey Data, Specialty Variation, Income
	: Analysis of physician survey data to determine variations across specialties in rates of return to physicians by the various types of clinical specialties.

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

- : 600-76-0054
- : Holahan, J; Hadley, J; Scanlon, W; Lee, R; Bluck, J
- : Urban Inst
- : Physician Pricing in California: Price Controls, Physician Fees and Incomes
- : PB84207836
- : HCFA 03006 G & P Report, Sept 1979
- : Fees, Pricing, Income, Participation, Geographic Variation, Inter-Program Variation, Volume, Specialties
- : No abstract available. No file copy available.
see publications for only copy.

<u>Report</u>	
Project Number	: 600-76-0054
Author	: Holahan, J; Hadley, J; Scanlon, W; Lee, R; Bluck, J
Organization	: Urban Inst
Title	: Physician Pricing in California: executive Summary
NTIS Number	: PB81226961
Biblio Info	: HCFA 03005 G & P Report, Sept 1979
Keywords	: Income, Survey Data, Specialties, Specialty Variation, Participation, Inter-Program Variation, Pricing
Project Description/Abstract	: No abstract available.

Report

Project Number : 600-76-0054
Principal Investigator/Author : Holahan, J; Scanlon, W
Organization : Urban inst

Title : Price Controls, Physician Fees, and Physician Incomes from Medicare and Medicaid

Biblio Info : UI 998-05, Jan 1978

Keywords : Price Controls, Fees, Income

Report

Project Number
Author
Organization

: 600-76-0054
: Unknown
: URBAN INST

Title

: Size of Billed Charge Distributions--Year: 1975

NTIS Number
Biblio Info

:
: UI, No Date

Keywords

/ : CPR, Fees

Report

Project Number	:	600-76-0054
Author	:	Unknown
Organization	:	Urban inst
Title	:	Individual Customary Charge Distributions--Profile Area: Sacramento ET AL--Year: 1975
NTIS Number	:	
Biblio Info	:	UL, No Date
Keywords	:	Cpr, Fees

Report

Project Number	:	600-76-0054
Author	:	Bluck, J; HOLAHAN, J; LEE, R
Organization	:	Urban Inst
Title	:	Final Report Volume i: Analysis of Inter-Program and Inter-regional Fee Variations
NTIS Number	:	
Biblio Info	:	Final Rept, Vol I, No Date, No #
Keywords	:	Comparison Medicaid/Medicare, Fee Schedules

Report

Project Number	:	600-76-0054
Author	:	Holahan, J; Scanlon, W
Organization	:	Urban Inst
Title	:	Physician Pricing in California: Price Controls, Physician Fees and Incomes from Medicaid and Medicare
NTIS Number	:	PB84207836
Biblio Info	:	HCFA Grants & Contracts Rept 03006, Sept 1979
Keywords	:	Pricing, Price Controls, Fees, Income, California, Comparison Medicaid/Medicare
Project Description/Abstract	;	No abstract available.

Report

Project Number
Author
Organization

: 600-76-0054
: Unknown
: Urban Inst

Title

: Physician Pricing in California--Volume III: An Econometric Analysis of Physicians' Price
and Output Decisions

NTIS Number
Biblio Info

: Unknown
: Rept # 12D

Keywords

: Prices, output decisions, productivity, fees
:
: This study is listed in the HCFA Publications
guide as being available only from NTIS. No
abstract is available. NTIS # is unknown.

Report

Project Number

Author

Organization

Title

: 600-76-0054
 : Unknown
 : Urban Inst
 : Physician Pricing in California Vol 1 Analysis of Inter-Program
 and Inter-Regional Fee Variations

NTIS Number

Biblio Info

: Unknown
 : Rept # 12B
 : Comparison Medicaid/Medicare, Geographic Variation

Keywords

: This study is listed in the HCFA Publications
 guide as being available only from NTIS. No
 abstract is available and the NTIS # is Unknown.

Report

Project Number : 600-76-0054
Author : Paringer, Lynn
Organization : Urban Inst

Title : The Medicare Assignment Rates of Physicians: Their Responses to Changes
in Reimbursement Policy

Biblio Info : UI 1250-1, March 1979

Keywords : RVS, Assignment Rates, Medicaid, Medicare

Report

Project Number	:	600-76-0054
Principal Investigator/Author	:	Unknown
Organization	:	Urban Inst
Title	:	Customary Charge Distribution Summary Tables--Profile Area: All Northern California--Year: 1975
Biblio Info	:	UI, No Date
Keywords	:	CPR, Fees

Report

Project Number	:	600-76-0054
Principal Investigator/Author	:	Holahan, J; Hadley, J; Scanlon, W; Lee, R; Bluck, J
Organization	:	Urban Inst
Title	:	Physician Pricing in California: Executive Summary
Biblio Info	:	UI 998-10 April 1978
Keywords	:	Income, Survey Data, Specialties, Specialty Variation, Participation, Inter-Program Variation, Pricing
Project Description/Abstract	:	This report appears to be an early version of what was later published as a Grants & Contracts Report. Handwritten notes.

Report

Project Number	:	600-76-0054
Author	:	Holahan, J; Scanlon, W; Hadley, J; Lee, R
Organization	:	Urban Inst
Title	:	The Effect of Medicare/Medicaid Reimbursement on Physician Behavior a Summary of Findings
NTIS Number	:	PB82133695
Biblio Info	:	In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	:	Pricing, Assignment, CPR

Report

Project Number
Author
Organization

: 600-76-0054
: Unknown
: Urban Inst

Title

: Physician Pricing in California--Vol. IV: Physician Participation in Medicaid

NTIS Number
Biblio Info

: Unknown
: Rept # 12E

Keywords

: Participation, Medicaid

Abstract

: This report is listed in the HCFA Publications
Guide as being available only through NTIS. No
abstract is available. NTIS # is unknown.

Journal Article

Project Number : 600-76-0054
Principal Investigator/Author : Hadley, J; Holahan, J; Scanlon, W
Organization : Urban Inst

Title : Can Fee-For-Service Reimbursement Coexist with Demand Creation?

NTIS Number :
Biblio Info : Reprint from Inquiry 16(3):247-258, Fall 1979

Keywords : Fee-For-Service, Induced Demand

Report

Project Number : 600-76-0054
Principal Investigator/Author : Hadley, J; Lee, R
Organization : Urban Inst
Title : Physicians' Price and Output Decisions: Theory and Evidence
NTIS Number : N/A
Biblio Info : UI 998-8 April 1978
Keywords : Pricing, Price Controls

Journal Article

Project Number
Author
Organization

: 600-76-0054
: Paringer, Lynn
: Urban Inst

: Medicare Assignment Rates of Physicians: Their Responses to Changes
in Reimbursement Policy

Title

NTIS Number
Biblio Info

: PB81112831
: HCF Review 1(3):75-89, Winter 1980

Keywords

: Medicare, Assignment Rates

Abstract

: A Physician's Medicare assignment rate is one measure of his or her willingness to participate in the Medicare program. The assignment rate reflects the proportion of services provided to Medicare beneficiaries for which the physician accepts the Medicare reasonable fee as payment in full. Generally, Medicare reasonable fees are lower than the payment which a physician receives from providing the same service to a private patient or to a Medicare patient who is not treated on assignment. Because Medicare eligibles not treated on an assigned basis are financially liable for the difference between the physician's charge and the Medicare reasonable fee, the assignment rate is an indication of the out-of-pocket costs borne by Medicare eligibles. This paper examines the effect of changes in Medicare reimbursement on the assignment rates of physicians. It also predicts Medicare assignment rates under a policy option which would increase Medicare reasonable fees to the level of prevailing fees.

Report

Project Number	:	600-76-0054
Author	:	Unknown
Organization	:	Urban Inst
Title	:	Individual Customary Charge Distribution, Policy Simulations--Profile Area: All Northern California--Year: 1975
NTIS Number	:	N/A
Biblio Info	:	UI, No Date
Keywords	:	CPR, Fees

Report

Project Number
Author
Organization

: 600-76-0055
: Mitchell, S; Shaffert, T; Schlenker, R
: Arthur Andersen & Co

Title

: Study of Reimbursement and Practice Arrangements of Provider-Based Physicians

NTIS Number
Biblio Info

: PB281125
: Final Report Dec 77

Keywords

: Income, Radiology, Pathology, Cardiology, Anesthesiology, Geographic Variation, Hospital-Based Physicians

Abstract

: The study analyzes data about earnings and contractual relationships, identifying differences based on characteristics of the hospital and the geographical areas in which they are located. The study found that most arrangements are oral but that arrangements for compensation on a % basis are more likely to be written. There are significant differences in fringe benefits and physician responsibility for departmental expenses between hospital-based physicians compensated under % arrangements and those receiving a salary.

Project

Project Number : 600-76-0055

Principal Investigator : Shaffert, Thomas

Organization : Arthur Andersen & Co

Title : Reimbursement and Practice Arrangements of Provider-Based Physicians

Sponsor : SSA

Project Officer : Hellinger, Fred

Status (Active, Compl'd, Term'd) : C

End Date : 780430

Keywords : Income, Hospital-Based Physicians, Pathology,

earnings and contractual arrangements vary according to the characteristics of the hospitals and the regions in which they are located.

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 600-76-0055
 : Shaffert, T; Mitchell, S; Schlenker, R
 : Arthur Andersen & Co
 : Study of Reimbursement and Practice Arrangements of Provider-Based Physicians
 : PB82133695
 : IN HCFA Conf Proceedings Pub 03067 Dec 80
 : Medical Staffs, Radiology, Pathology, Anesthesiology, Cardiology, Hospital-Based Physicians

Report

Project Number
Author
Organization

: 600-76-0056
: Weikart, JM; Koontz, MD
: AM Health Systems

Title

: An Examination of the Impact of Methods of Reimbursement on Physicians' income

NTIS Number
Biblio Info

: PB291431
: Final Report Mar 77

Keywords

: Income, Billing, Private Insurance, Fees, Collection, Databases, Methodology

Abstract

: The report is the final of a study intended to measure and analyze variations in physician billings and collections under specific insurance coverage (and non-coverage) situations and in relation to physician/patient characteristics. The investigation centered on 3 basic questions: (1) What is the effect of patient insurance status on fees charged, amounts of services provided, and the collections experience in selected solo and group practices? (2) Does the effect of insurance status on the above vary by physician specialty or other factors? (3) What changes in physicians' gross incomes might be expected if all services were to be reimbursed under a comprehensive insurance scheme?

Project

Project Number : 600-76-0056
Principal Investigator : Slybloom, Martin
Organization : AM Health Systems

Title : Billing and Collection Analyses of Uninsured Persons Services by Fee for Service Physicians

Sponsor : SSA
Project Officer : Sobaski, William
Status (Active, Comp'l'd, Term'd) : C
End Date : 780430

Keywords : Private Insurance, Third-Party Payers, Pricing, Income

Project Description/Abstract : To analyze whether foreknowledge of patient insurance status has an effect upon prices charged, quantity of services provided and collection rates.

Report

Project Number
Author
Organization

: 600-76-0056
: Weikart, JM; Koontz, MD
: AM Health systems

Title

: An Examination of the Impact of Methods of Reimbursement on Physicians' Income---
Draft Final Report

NTIS Number
Biblio Info

: N/A
: Draft Final Report, Feb 18, 1977

Keywords

: Income, Billing, Private Insurance, Fees, Collection, Databases, Methodology

Report

Project Number
Author
Organization

: 600-76-0056
: Weikart, JM; Koontz, MD
: AM Health Systems

Title

: An Examination of the Impact of Methods of Reimbursement on Physicians' Income

NTIS Number
Biblio Info

: N/A
: Conf Paper, May 10-11, 1977

Keywords

: Income

Abstract

: Outline of the objectives, data base, methodology, and results associated with a study of 13 physician practices which were clients of a computerized billing and accounting system during calendar year 1975. Prepared for SSA physician reimbursement methodology conference sponsored by the Division of Health Insurance Studies, Washington, DC, May 10-11, 1977.

Report

Project Number	: 600-76-0057
Author	: Newnan, AS; Carter, D; Lilienkamp, P; Stephens, T
Organization	: Commonwealth of Virginia/Computer Co
Title	: Alternate Methods of Describing Physician Services Performed and Billed: Phase II
NTIS Number	: PB280210
Biblio Info	: HCFA/OPPR-78/01 Research Report Jan 78
Keywords	: Coding, CPT, Billing, Virginia
Abstract	: The report summarizes the impact upon the Medicaid program and its system for processing claims for physician services stemming from a change in the medical procedural terminology and coding system used to bill and administer claims payments. The study reported/analyzed a natural experiment by relating 12 months of experience after conversion to a system based upon CPT-3 to the experience under the former VA medical assistance program terminology and coding system.

<u>Project</u>	
Project Number	: 600-76-0057
Principal Investigator	: Newman, AS
Organization	: Commonwealth of Virginia/Computer Co
Title	: Alternative Methods for Describing Physician Services Billed and Performed
Sponsor	: SSA
Project Officer	: Sobaski, William
Status (Active, Compl'd, Term'd)	: C
End Date	: 780330
Keywords	: CPT, Billing, Virginia
Project Description/Abstract	: A contract awarded to analyze the conversion from the VA Medical Assistance Program Procedural Terminology and Coding System to one based on the CPT-3. The analysis examined the effects on the VA Program's administrative system and benefit expenditures.

Report

Project Number	:	600-76-0057
Author	:	Newman, AS; Lilienkamp, PF
Organization	:	Commonwealth of Virginia/Computer Co
Title	:	Virginia Physicians' Response to Changes in Coding Terminology
NTIS Number	:	PB82133695
Biblio Info	:	In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	:	Coding, CPT, Virginia

Report

Record no. 267	:	267
Record Number	:	R
Type of Entry	:	600-76-0057
Project Number	:	Newman, AS; Carter, D; Lilienkamp, P; Stephens, T
Author	:	Commonwealth of Virginia/Computer Co
Organization	:	
Title	:	Alternate Methods for Describing Physician Services Performed and Billed
NTIS Number	:	N/A
Biblio Info	:	April, 1977
Keywords	:	Coding, CPT, Billing, Virginia

Project

Project Number	:	600-76-0058
Principal Investigator/Author	:	Hsiao, William
Organization	:	Harvard Univ
Title	:	Analysis of Physician Pricing Behavior, Third Party Administration Practices, and Effects of Financial Incentives
Sponsor	:	SSA
Project Officer	:	Sobaski, William
Status (Active, Compl'd, Term'd)	:	C
End Date	:	830630
Keywords	:	RVS, Pricing, Private Insurance
Project Description/Abstract	:	A Study of physician response to reimbursement alternatives including analyses of price trends, relative values, relations between medicine and private health insurance.

Report

Project Number
Principal Investigator/Author
Organization

: 600-76-0058
: Hsiao, W
: Harvard Univ

Title

: Patterns of Physicians' Charges: Implications for Policy

NTIS Number
Biblio Info

: PB82133695
: In HCFA Conf Proceedings Pub 03067 Dec 80

Keywords

: RVS, Fee Schedules, Price Discrimination, Geographic/Specialty Variation, CPR

Report

Project Number : 600-76-0058
 Principal Investigator/Author : Hsiao, WC; Chevoor; Hayes; Levine; Lurie; Owen; Schoenherr; Stason
 Organization : Harvard Univ

 Title : Analysis of Physician Pricing Behavior, Third Party Administrative Practices
 and Effects of Financial Incentives on Supply of Physician Services

 NTIS Number : Being Sent
 Biblio Info : Final Report, March 31, 1986

 Keywords : RVS, Fees, Prices, Cognitive Services, Geographic/Specialty Variation, Physician Market,
 Modeling

Abstract

: This report synthesizes the results of a set of national studies of physician prices for their services, the health insurance market, the physician market structure and its economic behavior, and econometric models for testing hypotheses. It was concluded that MDs do not practice price discrimination, did not bunch fees at maximum Medicare payment levels and did not closely adhere to any relative value scales. Commercial private health insurers were found to differ markedly from Blue Shield plans in terms of physicians services. It is suggested that physicians often can target their incomes, given the nature of the market demand for their services. A methodology for constructing a value scale for physician services based upon input costs is described and marked differences between the prices and estimated input cost for some services are illustrated. The researchers conclude that (1) simply regulating physician fees is unlikely to reduce total expenditures; (2) the traditional health insurance market is incapable of effectively restraining physicians charges or practice patterns and (3) any reform must address the pre-eminent position occupied by the physician in health care delivery. The report concludes with a series of recommendations.

Report

Project Number	600-76-0145
Author	Otelsberg, J; Muller, CF; Oxenfeldt, G
Organization	CUNY
Title	The Effect of Carrier Practices on Medicare Prevailing Fees: A Simulation
NTIS Number	N/A
Biblio Info	Conf Paper, Apha, Nov 7, 1979
Keywords	Carrier Practices, CPR
Abstract	This paper was delivered at the American Public Health Association 107th Annual Meeting, Nov 7, 1979, location unknown.

Report

Project Number	:	600-76-0145
Principal Investigator/Author	:	Muller, CF; Otelsberg, J
Organization	:	CUNY
Title	:	Study of Physician Reimbursement Under Medicare and Medicaid--Vol.1
NTIS Number	:	PB110255
Biblio Info	:	Final Rept V.1, HCFA G & C Rept 03007, Sept, 79
Keywords	:	Medicare, Medicaid, Fees, Assignment, Carrier Practices, Queens & Nassau Cos. NY
Abstract	:	This study examined the effects of discretionary carrier practices on Medicare reasonable charges for physician services and compared Medicare and Medicaid in two adjacent counties at a micro level. The national study used 50th percentile charges and Medicare prevailing charges for all Medicare localities and analyzed the joint influence of socioeconomic factors, carrier pricing practices and selected indicators of regulatory and investigative effort. The dominant influence was found to be the local health economy, but carrier practices had some influence. The micro study of Queens and Nassau counties, adjacent geographically, but serviced by different Medicare Part B carriers, indicated some conflict between the use of physician localities exclusively, rather than co-joint use of beneficiary resident and physician location for determining Medicare reasonable charges. This suggests that a co-joint policy might provide specialists an incentive to locate closer to patients. The Medicaid to Medicare comparisons used indirect methods. Physician responsiveness to the lower Medicaid fee structure tended to produce a severe undersupply of services to Medicaid patients. The comparative Medicare utilization of office services by young and old suggests use of public clinics as alternatives.

Report

Project Number	600-76-0145
Author	Muller, CF; Otelsberg, J
Organization	CUNY
Title	Study of Physician Reimbursement Under Medicare and Medicaid--Vol. 2
NTIS Number	PB110263
Biblio Info	Final Rept, Vol. 2, HCFA G & C Rept 03008 Sept 79
Keywords	Medicaid, Medicare, Fees, Assignment, Carrier Practices, Queens & Nassau Cos. NY
Abstract	See abstract for Vol. 1.

Report

Project Number
Author
Organization

: 600-76-0145
: Muller, CF; Otelsberg, J
: CUNY

Title

: Interim Research Findings on Physician Reimbursement Under Medicare

NTIS Number
Biblio Info

: PB82133695
: In HCFA Conf Proceedings Pub 03067 Dec 80

Keywords

: Fee Levels, Carrier Practices, CPR, Carrier Performance Measures, Fee Distributions,
Assignment

Project

Project Number	:	600-76-0145
Principal Investigator	:	Muller, Charlotte
Organization	:	CUNY
Title	:	Study of Physician Reimbursement Under Medicare and Medicaid
Sponsor	:	SSA
Project Officer	:	Sobaski, William
Status (Active, Compl'd, Term'd)	:	C
End Date	:	781229
Keywords	:	Fee Levels, Assignment, Carrier Practices, Queens & Nassau Cos. NY, Medicare, Medicaid
Project Description/Abstract	:	A major study which addressed various aspects of Medicare and Medicaid reimbursement of physicians. The study explored interrelationships among Medicare carrier discretionary and administrative practices and fee levels, Medicare assignment, and socioeconomic characteristics of medical markets.

Report

Project Number	:	600-76-0145
Principal Investigator/Author	:	Muller, CF; Otelsberg, J; Pascal, N
Organization	:	CUNY
Title	:	The Effect of Medicare Carrier Practices on Physician Fees: A National Study
NTIS Number	:	N/A
Biblio Info	:	Conf Paper, APHA, Nov 7, 1979
Keywords	:	Carrier Practices, Fees
Abstract	:	This paper was delivered at the American Public Health Association 107th Annual Meeting, Nov 7, 1979, location unknown.

<u>Project</u>	
Project Number	: 600-76-0146
Principal Investigator	: Markel, Gene A
Organization	: Pennsylvania Blue Shield
Title	: Pricing Behavior of Pennsylvania Physicians
Sponsor	: SSA
Project Officer	: Cantwell, James
Status (Active, Compl'd, Term'd)	: C
End Date	: 820901
Keywords	: Third-Party Payment, Pricing, Assignment Rates, Comparison with Private Practice
Project Description/Abstract	: A project involving descriptive studies of physician charges and third-party payments. It examines price discrimination, pricing and output models for physician services and variation in assignment acceptance and Blue Shield participation. This project used data from Pennsylvania Blue Shield's private and Medicare files.

Report

Project Number : 600-76-0146
 Author : Markel, GA
 Organization : Pennsylvania Blue Shield

 Title : Study of the Physicians' Services Market in Pennsylvania

 NTIS Number : PB83178939
 Biblio Info : Final Report Jan 83

 Keywords : Assignment, Medicare Part B, Private Insurance, Comparison with Private Practice

 Abstract : This report addresses a variety of issues and questions concerning the market for physicians' services in PA. This includes studies of physician pricing patterns, factors related to physician pricing practices, econometric analyses of the market, physician participation with Blue Shield, physician acceptance of Medicare assignment and a simulation of alternative reimbursement systems. The studies used physician price and quantity data derived from paid claims history files for Medicare Part B and private BS claims submitted to PA BS. The cross-section data was for 1975 and the longitudinal data was for 1972-78.

A substantial degree of variation in MD fees was found for most procedures. In addition, there was evidence of differences in fees between the Medicare and BS programs. The results of the assignment portions of the study indicate that most MDs consistently accept assignment or consistently decline assignment. Relatively few are in the middle of the assignment response distribution. The simulation of alternative design of reimbursement systems indicate little net impact of eliminating specialty or locality differentials.

Report

Project Number
Author
Organization

: 600-76-0146
: Markel, GA
: Pennsylvania Blue Shield

Title

: A Study of the Physicians' Services Market in Pennsylvania
(Draft Preliminary Report, Part 1: Executive Summary)

NTIS Number
Biblio Info

: N/A
: Research Report R-419-F(1) June 15, 1982

Keywords

: Price Variation, Participation, Competition

Abstract

: This draft is nearly identical to the final report
which is a compilation of all 6 parts indexed
separately here.

Report

Project Number	:	600-76-0146
Author	:	Markel, GA; Dudley, LJ
Organization	:	Pennsylvania Blue Shield
Title	:	A Study of the physicians' services market in pennsylvania (draft final report, Part 2: Descriptive Findings on Physician Price variation)
NTIS Number	:	N/A
Biblio Info	:	Research Report R-419-F(2) June 15, 1982
Keywords	:	Price Variation, Geographic/Specialty Variation
Abstract	:	This draft is nearly identical to the final report which is a compilation of all 6 parts indexed separately here.

Report

Project Number
Author
Organization

: 600-76-0146
: Cromwell, J
: Pennsylvania Blue Shield

Title

: The Role of Competition in Physician Pricing and Output:
A Longitudinal Study in Pennsylvania

NTIS Number
Biblio Info

: N/A
: Research Report R-419-15, Nov 1981

Keywords

: Competition, Pricing Behavior

Report

Project Number	: 600-76-0146
Author	: Cromwell, J
Organization	: Pennsylvania Blue Shield
Title	: Physician-Induced Demand: The Literature Since 1977
NTIS Number	: N/A
Biblio Info	: Research Report R-419-19, Jan 1982
Keywords	: Induced Demand

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 600-76-0146
 : Markel, GA
 : Pennsylvania Blue Shield
 : Blue Shield Participation and Medicare Assignment in Pennsylvania
 : N/A
 : Research Report R-419-13, Oct 1981
 : Participation, Assignment

Report

Project Number	:	600-76-0146
Author	:	Cromwell, J
Organization	:	Pennsylvania Blue Shield
Title	:	A Study of the Physicians' Services Market in Pennsylvania (Draft Final Rept, Part 5: The Role of Competition in Physician Pricing and Output)
NTIS Number	:	N/A
Biblio Info	:	Research Report R-4419-F(5) June 15, 1982
Keywords	:	Competition, Pricing, Output, Induced Demand
Abstract	:	This draft is nearly identical to the final report which is a compilation of all 6 parts indexed separately here.

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 600-76-0146
: Unknown
: Pennsylvania Blue Shield
: Simulation of 15 Physician Reimbursement Alternatives for Medicare Claims
(Task 9): Interim Report Documentation
: N/A
: April 20, 1981
: Fee-for-Service, Alternative Reimbursement Methods

Report

Project Number
Author
Organization

: 600-76-0146
: Unknown
: Pennsylvania Blue Shield

Title

: Proposal for Study of Factors Related to Physician Prices Under a Private Insurance Plan

NTIS Number
Biblio Info

: N/A
: Technical Proposal P-501B, June 1975

Keywords

: Pricing, Private Insurance

Report

Project Number
Author
Organization

: 600-76-0146
: Unknown
: Pennsylvania Blue Shield
: Proposal for Study of Factors Affecting Physician Choice of Specialty
and Practice Locality

Title

NTIS Number
Biblio Info

: N/A
: Technical Proposal P-502, June 1975
: Specialty Choice Decisions, Geographic Location Decisions

Keywords

Report

Project Number	:	600-76-0146
Author	:	Markel, GA
Organization	:	Pennsylvania Blue Shield
Title	:	A Study of the Physicians' Services Market in Pennsylvania (Draft Final Report, Part 4: Physician Participation in Insured Medical Programs)
NTIS Number	:	N/A
Biblio Info	:	Research Report R-419-F(4) June 15, 1982
Keywords	:	Assignment, Participation, Geographic Variation, Practice Characteristics
Abstract	:	This draft is nearly identical to the final report which is a compilation of all 6 parts indexed separately here.

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 600-76-0146
 : Markel, GA; Dudley, LJ
 : Pennsylvania Blue Shield
 : Patterns of Pricing Behavior in the Pennsylvania Physician Services Market
 : N/A
 : Research Report R-419-14, Nov 1981
 : Pricing Behavior

<u>Report</u>	
Project Number	: 600-76-0146
Author	: Juba, DA
Organization	: Pennsylvania Blue Shield
Title	: Price Setting in the Market for Physicians' Services: A Review of the Literature
NTIS Number	: PB81167454
Biblio Info	: HCFA Grants & Contracts Rept O3012, Sept 1979
Keywords	: Physician Supply, Demand, Pricing Behavior, Competition
Abstract	: No abstract available.

Report

Project Number	: 600-76-0146
Author	: Markel, GA
Organization	: Pennsylvania Blue Shield
Title	: A Study of the Physicians' Services Market in Pennsylvania (Draft Final Report, Part 3: Factors Related to Physician Price Variation)
NTIS Number	: N/A
Biblio Info	: Research Report R-419-F(3) June 15, 1982
Keywords	: Price Variation, Geographic/Specialty Variation, Practice Characteristics, Induced Demand
Abstract	: This draft is nearly identical to the final report which is a compilation of all 6 parts indexed separately here.

Report

Project Number
Author
Organization

: 600-76-0146
: Markel, GA; Cantwell, JR
: Pennsylvania Blue Shield

Title

: A Study of the Physician Services Market in Pennsylvania

NTIS Number
Biblio Info

: N/A
: Summary of the Final Report, March 1983

Keywords

: Pricing, Participation, Assignment, Competition, Alternative Reimbursement Methods

Report

Project Number	: 600-76-0146
Author	: Markel, GA
Organization	: Pennsylvania Blue Shield
Title	: Physician Revenues from Blue Shield Medicare Part B in Pennsylvania
NTIS Number	: N/A
Biblio Info	: Research Report R-419-16, Nov 1981
Keywords	: Medicare Part B, Pricing Behavior, Participation, Geographic/Specialty Variation

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

: 600-76-0146

: Unknown

: Pennsylvania Blue Shield

: Study Integration Proposal for Studies on Effects of Alternative Fee-For-Services Reimbursement Methods on Health Care Expenditures...

: N/A

: Technical Proposal P-504, June 1975

: Fee-For-Service, Alternative Reimbursement, Practice Patterns, Income

Report

Project Number	: 600-76-0146
Author	: Markel, GA; Etnoyer, DP; Bianchi, SB
Organization	: Pennsylvania Blue Shield
Title	: A Study of the Physicians' Services Market in Pennsylvania (Draft Final Rept, Part 6: Assessment of Alternative Reimbursement System Designs)
NTIS Number	: N/A
Biblio Info	: Research Report R-419-F(6) June 15, 1982
Keywords	: Alternative Reimbursement Methods, Geographic/Specialty Variation, Medicare
Abstract	: This draft is nearly identical to the final report which is a compilation of all 6 parts indexed here.

Report

Project Number	:	600-76-0150
Author	:	Munch, PD
Organization	:	Rand Corp
Title	:	An Economic Analysis of Medical Malpractice: Three Reports
NTIS Number	:	PB81214348
Biblio Info	:	HCFA G & C Report 03103 May 81
Keywords	:	Malpractice Insurance, PPCIS
Abstract	:	No abstract available. The 3 reports are: 1) why are malpractice premiums so high--or so low?, 2) the disposition of medical malpractice claims, and 3) contingent fees for personal injury litigation.

Report

Project Number	:	600-76-0150
Principal Investigator	:	Munch, Patricia Danzon
Organization	:	Rand Corp
Title	:	An Economic Analysis of Medical Malpractice
Sponsor	:	SSA
Project Officer	:	Pelovitz, Stephen
Status (Active, Compl'd, Term'd)	:	C
End Date	:	800729
Keywords	:	Malpractice Insurance
Project Description/Abstract	:	This research project seeks to estimate the impact of several factors on the variation across states and over time in the frequency of malpractice insurance claims, the size of awards, and the level of premiums. The theoretical framework views the number of claims, structure of the awards, and level of premium as the outcome of utility maximizing decisions by patients, attorneys, insurance companies and doctors within constraints.

<u>Project</u>	
Project Number	: 600-76-0160
Principal Investigator	: Yett, Donald
Organization	: Univ Southern California
Title	: Levels, Rates and Changes in Prevailing, Customary and Actual Physicians' Fees
Sponsor	: SSA
Project Officer	: Dutton, Benson
Status (Active, Compl'd, Term'd)	: C
End Date	: 810228
Keywords	: CPR, Pricing, Assignment, Blue Shield, Private Insurance
Project Description	: A Study of MD pricing behavior using private business and Medicare paid claims data from several Blue Shield plans. The analyses are comparisons of physician charges and third party allowed charges over time, by line of business, & geographic areas such as state or county. Also to be studied will be the physicians' willingness to participate in Blue Shield, Medicare or to accept assignment.

Report

Project Number	: 600-76-0160
Author	: Yett, DE; Der, W; Ernst, R; Hay, J
Organization	: Univ Southern California
Title	: Analysis of Medicare Prevailing, Customary and Actual Charge Data
NTIS Number	: PB84183698
Biblio Info	: Final Report Nov 82
Keywords	: CPR, Blue Shield, Pricing, Assignment Rates, Medicare, Medicaid
Project Description	: This study was based on MD claims records from 3 BS plans. The principal results are: MDs are income-motivated. MD pricing is reasonably competitive. Physicians do not discriminate in price between their major and minor lines of insured business, and allowance caps in the minor lines have no appreciable impact on charge levels or the rate of charge inflation. The economic stabilization program significantly slowed the growth rate of Medicare charges, but had no discernible effect on the inflation rate of private charges. The strongest evidence showed that fee screen reimbursement promotes inflationary pricing by MDs. The tests conducted indicate that pursuit of a target net income is not a pervasive characteristic of MD's economic behavior. MDs are significantly more likely to participate in participation agreements when allowances are high rather than low. Physicians of low perceived quality are also significantly more likely to participate than MDs of high perceived quality. The study's principal policy implications are: private carriers and government should decide on a uniform means of reimbursing MDs to restrain charge inflation and to discourage cost-shifting. Reimbursement systems less inflationary than the fee screen method should be encouraged or adopted. Utilization controls for MDs' services are not warranted at present. Cost containment efforts are likely to reduce access to care (by reducing MD assignment rates) for persons that government health insurance programs were most intended to serve.

Journal Article

Project Number
Author
Organization

: 600-76-0160
: Yett, DE; Der, W; Ernst, RL; Hay, JW
: Univ Southern California

Title

: Physician Pricing and Health Insurance Reimbursement: Special Report

NTIS Number
Biblio Info

: PB84185321
: HCF Review 5(1):69-80, Winter 1983

Keywords

: Income, Pricing, Target Income, Induced Demand, Utilization, Assignment Rates

Abstract

: This study was based on MD claims records from 3 Blue Shield plans. Principal results are:
(1) physicians are income-motivated. (2) MD pricing is reasonably competitive. (3) MDs do not discriminate in price in their private lines of business but they do appear to discriminate between Medicare and private lines. (3) The economic stabilization program significantly slowed the growth rate of Medicare charges, but had no discernible effect on the inflation rate of private charges. This indicates that allowance controls applied to a large part, but not all, of MDs' business induce MDs to shift costs against patients insured by programs where allowances are not controlled. (4) Pursuit of a target net income is not a pervasive characteristic of MD economic goal behavior. (5) MDs are significantly more likely to participate in plans' participation agreements when allowances are high rather than low. MDs of low-perceived quality are also significantly more likely to participate than MDs of high-perceived quality. Since increases in allowances raise insurance benefit costs, it follows that increasing access to care by promoting participation exacerbates cost inflation.

Journal Article

- Project Number : 600-76-0160
 Author : Yett, DE; Der, W; Ernst, RL; Hay, JW
 Organization : Univ Southern California
- Title : Blue Shield Plan Physician Participation
- NTIS Number : PB82130154
 Biblio Info : HCF Review 2(4):9-24, Spring 1981
- Keywords : Participation Agreements, Medicaid, Blue Shield, CPR, Fee Schedules, Access
- Abstract : Many Blue Shield Plans offer participation agreements to physicians that are structurally similar to the participation provisions of Medicaid Programs. This paper examines physicians' participation decisions in 2 such Blue Shield plans where the participation agreements were on an all-or-nothing basis. The major results show that increases in the plans' reasonable fees or fee schedules significantly raise the probability of participation, and that physicians with characteristics associated with "low quality" are significantly more likely to participate than are physicians with characteristics associated with "high quality." In this sense the results highlight the tradeoff that must be faced in administering governmental health insurance policy. On the one hand, restricting reasonable and scheduled fees is the principal current tool for containing expenditures on physicians' services. Yet these restrictions tend to depress physicians' willingness to participate in government programs, thereby reducing access to high quality care by the populations those programs were designed to serve.

Project

Project Number : 600-76-0167
 Principal Investigator : Romm, Joseph
 Organization : System Sciences
 Title : Survey and Evaluation of the Physician Extender Reimbursement Experiment
 Sponsor : SSA
 Project Officer : Morris, Stephen
 Status (Active, Compl'd, Term'd) : C
 End Date : 780430

Keywords

: Physician Extenders

Project Description

: The physician extender reimbursement experiment was directed towards determining whether extenders services could appropriately be reimbursed under the Medicare Program. The study was also designed to determine the most equitable and non inflationary methods and amounts of reimbursement. The evaluation indicated that the use of extender services generally increased productivity and cost-effectiveness.

Report

Project Number	:	600-76-0167
Author	:	Romm, Joseph
Organization	:	System Sciences
Title	:	Executive Summary: Survey and Evaluation of the Physician Extender Reimbursement Experiment
NTIS Number	:	Not Sent
Biblio Info	:	Exec Summary Mar 78
Keywords	:	Physician Extenders
Abstract	:	No Abstract Available.

Project

Project Number	:	600-77-0039
Principal Investigator	:	Wennberg, JE
Organization	:	Codman Research Group
Title	:	Study the Use of Medicare Part A Data File as National Data Resource to Monitor Impact on Health Planning and Regulations
Sponsor	:	SSA
Project Officer	:	McMenamin, Peter
Status (Active, Compl'd, Term'd)	:	C
End Date	:	810729
Keywords	:	Medicare Part A, MEDPAR
Project Description	:	The need for data to support health planning and regulation has become critical since the passage of the National Health Planning and Resources Development Act of 1974. A 20% Medicare Part A claims sample data file (MEDPAR) might well serve as a national resource. This contract examines whether this data on the hospital care of the aged would be a useful proxy for the total population's use of hospitals.

Report

Project Number	:	600-77-0039
Author	:	Wennberg, JE
Organization	:	Codman Research Group
Title	:	An Analysis of Physician Use Patterns in Maine Based on Medicare B and Medicaid Claims Data
NTIS Number	:	Not Sent
Biblio Info	:	Dec 1980
Keywords	:	Maine, Medicare Part B, Medicaid, Utilization
Abstract	:	Abstract not available. No plans are being made to send this study to NTIS.

Project

Project Number	:	600-77-0077
Principal Investigator	:	Thomas, Cynthia
Organization	:	NORC
Title	:	A Nationwide Survey to Collect Data on Physicians' Costs and Income by Specialty and Location
Sponsor	:	SSA
Project Officer	:	Litwinowicz, Alice
Status (Active, Compl'd, Term'd)	:	C
End Date	:	810415
Keywords	:	PPCIS, Income, Pricing, Practice Costs
Project Description	:	This is an annual survey of 5000 physicians in office base practice in the US. It is the basic source for information on the costs of practice and incomes for american physicians. Apart from the mail survey done by the AMA, it is the only comprehensive source of information on practice costs and incomes. A final report was not one of the project deliverables. See record 347 for methodological report.

Report

Project Number	:	600-77-0077
Author	:	Taylor, DG; Bradburn, NM
Organization	:	NORC
Title	:	Physician Survey Methodology
NTIS Number	:	
Biblio Info	:	Aug 1979
Keywords	:	PPCIS, Methodology
Abstract	:	Not available.

Project

Project Number	:	95-P-97150
Principal Investigator	:	McCall, Nelda
Organization	:	SRI Int'l
Title	:	A Research Program to Analyze Medicare Use in the State of Colorado
Sponsor	:	HCFA
Project Officer	:	Litwinowicz, Alice
Status (Active, Compl'd, Term'd)	:	C
End Date	:	820630
Keywords	:	Statewide Rates, Medicare, Utilization, Colorado
Project Description	:	This project investigated the following issues: (1) The importance of and the physician behavioral response to a changeover to a statewide prevailing area system from an eleven area system; (2) Effect on utilization of complementary insurance under Medicaid or Private Blue Shield; (3) Out-of-plan utilization of Waiver Medicare beneficiaries and in-house satisfaction and reasons for enrolling using 1974-78 Colorado BC/BS claims forms.

Journal Article

Project Number
Author
Organization

: 95-P-97150
: Rice, T; McCall, N
: SRI INT'L

Title

: Changes in Medicare Reimbursement in Colorado; Impact on Physicians'
Economic Behavior

NTIS Number
Biblio Info

: PB82219213
: HCF Review 3(4):67-85, June 1982

Keywords

: CPR, Statewide Rates, Assignment Rates, Colorado

Abstract

: Through 1976, prevailing charges were computed separately within each of 10 regions of Colorado. Since then they have been computed for the state as a whole, and thus, MDS in like specialities have had equal prevailing charges throughout the state. This change in reimbursement policy lead to a relative increase in prevailing charges for MDS in small urban and nonurban areas of the state and a relative decrease for MDS in the major urban areas.

This paper analyzed the impact of this change on several aspects of physician behavior. It found that MDS whose reimbursement rates declined as a result of the change (primarily in the Denver/Boulder area) provided more intensive Medical services, had lower assignment rates, and charged lower prices than they would have in the absence of the change. Those MDS whose reimbursement increased as result of the change (primarily those in small urban and non-urban areas of Colorado) Provided less intensive services, had higher assignment rates, and charged higher prices than they would have otherwise. No evidence that MDS responded to the change by altering the number of lab tests and xrays they provided.

Report

Project Number : 95-P-97150
 Author : McCall, N; Rice, T; Wai, HS
 Organization : SRI Int'l
 Title : Research Program to Analyze Medicare Use in the State of Colorado
 NTIS Number : Being Sent
 Biblio Info : Discussion Paper, No Date
 Keywords : Colorado Blue Shield, HMOS, Medicare, Medicaid
 Abstract : In 1978 HCFA Awarded SRI a 3-year grant to analyze a variety of issues using Medicare paid claims from Colorado Blue Shield for 1974 to 1978. These issues included: 1) the impact on physician pricing, service behavior, and use of Medicare services resulting from changeovers from a 10-locality system for prevailing charge determination to a single state-wide area, 2) significant factors in determining assignment of Medicare claims, 3) effects of private complementary insurance on use of Medicare services, 4) utilization patterns and characteristics of selected groups, such as joint Medicare-Medicaid Beneficiaries, beneficiaries in the 1st year of eligibility or last year of life, and continuously enrolled eligibles, 5) the extent of out-of-plan use of services by Medicare beneficiaries who are enrolled in HMOS, and (6) Medicare Beneficiaries' reasons for joining HMOS, their satisfaction with the HMOS and their use of services.

Project

Project Number	:	95-P-97157
Principal Investigator	:	Markel, Gene
Organization	:	Pennsylvania Blue Shield
Title	:	Study of Trends in Physicians' Fees
Sponsor	:	HCFA
Project Officer	:	Litwinowicz, Alice
Status (Active, Compl'd, Term'd)	:	C
End Date	:	820430
Keywords	:	Prices, Volume of Services, MEI
Project Description	:	Based upon 10 years of claims from 5 States for Medicare and Blue Shield Programs, this project documented inter- and intra-area variations and longitudinal trends in physicians' prices, intensity and quantity of services. comparisons between private and Medicare reimbursements were made.

Report

Project Number
Author
Organization

: 95-P-97157
: Pennsylvania Blue Shield
: Pennsylvania Blue Shield

Title

: A Study of Trends in Physicians' Fees

NTIS Number
Biblio Info

: PB84149020
: Final Report, Sept 30, 1983

Keywords

: Fees, Prices, Volume of Services, Intensity of Services, MEI

Abstract

: This project addressed a number of issues surrounding the general problem of cost escalation and price inflation in the physician market. The project's primary objective was to generate quantitative measures of physicians' price changes in selected parts of the United States over a span of approximately 10 years. This was accomplished via the development and implementation of a system of price and quantity index analyses.

Data were collected from private business and Medicare paid claim files compiled by four Blue Shield Plans in 5 States--Colo, NH, Penn, SC, and VT--in order to achieve a broad, albeit limited, regional sampling. The various price and quantity indices generated under the project constitute the principal basis of analyses and results reported herein.

Indices were generated and analyzed for each of the 4 States and were stratified within each state by the following parameters--region (SMA's and rural areas), line of business (Private Blue Shield UCR, Private Fee Schedule, and Medicare), physicians' specialty, and type of service. Comparisons were made to the physicians' services and medical care services components of the Consumer Price Index (CPI). Increases in the price indices produced under this study were found to be generally comparable to those of the CPI components at the national level. At the regional level, the project's indices appear to be at least as stable and reliable as the CPI.

NB: NISB hard file contains a 2nd year annual report but no copy of this final report. See also 600-76-0146 Contract, a companion to Grant 95-P-97157.

Report

Project Number	:	95-P-97157
Author	:	Etnoyer, DP
Organization	:	Pennsylvania Blue Shield
Title	:	Methodology for Construction of Price and Quantity Indices: Study of Trends in Physicians' Fees
NTIS Number	:	
Biblio Info	:	Research Report R-425-1, April 1981
Keywords	:	Geographic/Specialty Variation, Modeling, Databases, Prices, Volume of Services, MEI, Fees
Abstract	:	Not available.

Report

Project Number	: 95-P-97157
Author	: Pennsylvania Blue Shield
Organization	: Pennsylvania Blue Shield
Title	: Study of Trends in Physicians' Fees: Second Annual Report
NTIS Number	:
Biblio Info	: Second Annual Report, Sept 15, 1980
Keywords	: Databases, Geographic/Specialty Variation, Fees, Prices, Volume of Services, MEI
Abstract	: Not available.

Report

Project Number	: 95-P-97176
Author	: Feldman,R; Sloan,F; Paringer,L
Organization	: Urban Inst
Title	: Compensation Arrangements between Hospitals and Physicians
NTIS Number	: N/A
Biblio Info	: Dec 1979
Keywords	: Hospital-Based Physicians, Pathology, Radiology, Anesthesiology, Physician Reimbursement
Abstract	: Not available.

Report

Project Number
Author
Organization

: 95-P-97176
: Hadley, Jack ET AL
: Urban Inst

Title

: Graduate Medican Education: Costs, Financing and Organization

NTIS Number
Biblio Info

: PB83167163
: Final Report Jan 83

Keywords

: Education Costs, Resident Stipends, Teaching Hospitals, Hospital-Based Physicians

Abstract

: This report investigates 5 aspects of Graduate Medical Education: 1) the current financing of Graduate Medical Education, 2) the relationship between reimbursement methods and methods of compensating teaching physicians, 3) the impact of reimbursement on residents' stipends, 4) teaching hospitals' demand for residents, and 5) the effects of teaching programs on hospitals' costs, ancillary service use, and length of stay. Data from several hospital data bases are used in this study, including a 1979 mail survey of all short-term, general, nonfederal hospitals of 100 or more beds conducted by the AHA under subcontract to the Urban Institute. The study estimated that the total cost of house officers' stipends and fringe benefits and physicians salaries for educational activities was nearly \$2 billion in 1978-79. When numerous utilization determinants including casemix are held constant, the level of teaching activity had no statistically significant effect on utilization. Holding casemix and other factors constant also greatly reduces cost differences attributable to teaching.

NB: NISB hard file does not have a copy of this final report. A staff summary and other papers are, however, available.

Journal Article

Project Number : 95-P-97176
Author : Steinwald,B
Organization : Urban Inst

Title : Hospital-Based Physicians: Current Issues and Descriptive Evidence

NTIS Number : PB81112823
Biblio Info : HCF Review 2(1):63-75, Summer 1980

Keywords : Hospital-Based Physicians, PPCIS, Income, Specialties, Radiology, Pathology, Anesthesiology

Abstract : Research for this article was jointly sponsored by 500-78-0018 and 95-P-97176. For abstract, see entry under 500-78-0018.

Report

Project Number	:	95-P-97176
Author	:	Hadley, J; Sloan, FA
Organization	:	Urban Inst
Title	:	Graduate Medical Education: Financing, Costs, and Organization
NTIS Number	:	
Biblio Info	:	HCFA Staff Summary Series, No#, Feb 1983
Keywords	:	Education Costs, Resident Stipends, Hospital-Based Physicians, Teaching Hospitals
Abstract	:	Not available.

Project

Project Number : 95-P-97176
 Principal Investigator : Hadley, Jack
 Organization : Urban Inst

 Title : Graduate Medical Education

 Sponsor : HCFA
 Project Officer : Cantwell, James
 Status (Active, Compl'd, Term'd) : C
 End Date : 820630

 Keywords : Teaching Hospitals, Education Costs, Residents, Hospital-Based Physicians

 Abstract : A study of 5 aspects of the financing, cost and organization of Graduate Medical Education: 1) How various third-party insurers reimburse teaching hospitals, 2) The impact of reimbursement on methods of compensating teaching physicians, The impact of reimbursement on house staff stipends, 4) The impact of reimbursement on residencies offered, and 5) The effects of teaching programs on costs/length of stay.

Report

Project Number	:	95-P-97176
Principal Investigator/Author	:	Steinwald, B
Organization	:	Urban Inst/Vanderbilt Univ
Title	:	The Demand for Residents in Community Hospitals
NTIS Number	:	N/A
Biblio Info	:	Dec 1979
Keywords	:	Education, Resident Stipends, Community Hospitals, Teaching Hospitals
Abstract	:	Not available.

Report

Project Number	:	95-P-97176
Author	:	Sloan, FA; Feldman, RD; Steinwald, B
Organization	:	Urban Inst/Vanderbilt Univ
Title	:	Effects of Teaching on Hospital Costs
NTIS Number	:	
Biblio Info	:	No Date
Keywords	:	Teaching Hospitals, Education, Hospital Costs
Abstract	:	Not available.

Report

Project Number	:	95-P-97176
Author	:	Hadley, J
Organization	:	Urban Inst
Title	:	Medical Education and Payment for Health Care Services
NTIS Number	:	
Biblio Info	:	Conf Paper, March 15-17, 1982
Keywords	:	Education, Direct/Indirect Costs, Teaching Hospitals, Residents
Abstract	:	This is a paper presented at the George Miller conference on Health Professions Education, Center for Educational Development, University of Illinois Medical School.

Project

Project Number	:	95-P-97178
Principal Investigator	:	Scanlon, William
Organization	:	Urban Inst
Title	:	Aspects of Physicians' Behavior, Service Delivery and Payment Methods in Medicare and Medicaid
Sponsor	:	HCFA
Project Officer	:	SOBASKI, William
Status (Active, Compl'd, Term'd)	:	C
End Date	:	831231
Keywords	:	MEI, Medicaid, Medicare, Assignment Behavior, Fee Schedules, Pathology, Geographic Variation, RVS
Project Description	:	This project examines 3 areas of physician reimbursement: 1) provision of pathology services, 2) the effect of reimbursement on physician practice location, and 3) simulation and analysis of alternative reimbursement systems.

Report

Project Number	: 95-P-97178
Author	: Zukerman, S; Juba, D; Sulvetta, M; Scanlon, W; Hadley
Organization	: Urban Inst
Title	: Aspects of Physician Behavior, Service Delivery and Payment Methods in Medicare and Medicaid
NTIS Number	: PB86180189
Biblio Info	: Final Report Dec 84
Keywords	: MEI, Medicare, Medicaid, Assignment, Fee Schedules, RVS, Geographic/Specialty Variation
Abstract	: This report summarizes the findings from several years of studies of calif physicians' Medicare and Medicaid claims-billing experience. Multi-state comparisons of 1980 Medicaid and Medicare allowances of 5 general areas were examined: 1) The impact of the MEI upon physicians, beneficiary liability and program outlays; 2) How reasonable charge allowances affect physician Medicare assignment-taking and Medicaid participation; 3) The inequality of Medicare and Medicaid physician reimbursement rates; 4) changes in the patterns of providing pathology services; and 5) the relationship between reimbursement incentives and geographic mobility of physicians. 14 appendices and work papers are available from The Urban Institute which analyze a variety of physician payment policy issues including relative values, fee schedules, geographic and specialty differences in allowances by using simulation methods.

Report

Project Number	:	95-P-97178
Author	:	Sulvetta, MB
Organization	:	Urban Inst
Title	:	Memo Re Physician Revenue and Patient Liability Differences Between Always and Never Accepting Assignment
NTIS Number	:	N/A
Biblio Info	:	March 15, 1983
Keywords	:	Assignment, All-or-Nothing Assignment, Beneficiary Liability, Income
Abstract	:	Not available.

Report

Project Number	:	95-P-97178
Author	:	Sulvetta, MB
Organization	:	Urban Inst
Title	:	Appendix XIV--Supplementary Tabulations: Distributions of Assignment Rates and Customary Charges
NTIS Number	:	
Biblio Info	:	Appendix XIV to Final Report, No Date
Keywords	:	Assignment Rates, CPR, Medicaid, Medicare
Abstract	:	Not available.

Report

Project Number	: 95-P-97178
Principal Investigator/Author	: Paringer, L
Organization	: Urban Inst
Title	: Appendix II--The Medicare Economic Index: Impact on Program Costs and Beneficiary Liability
NTIS Number	: Appendix II to Final Report, No Date
Biblio Info	: MEI, Beneficiary Liability, Fee Schedules, RVS, Geographic/Specialty Variation, Medicaid, Medicare
Keywords	
Abstract	: Not available.

Report

Project Number	:	95-P-97178
Author	:	Sulvetta, MB
Organization	:	Urban Inst
Title	:	Appendix X--Changing Patterns in Pathology Service Provision: Evidence from the Medical Program
NTIS Number	:	
Biblio Info	:	Appendix X To Final Report, No Date
Keywords	:	Pathology, Medicaid
Abstract	:	Not available.

Report

Project Number	: 95-P-97178
Author	: Paringer, L; Fon, V
Organization	: Urban Inst
Title	: Appendix IV--Price Discrimination in Medicine: The Case of Medicare
NTIS Number	:
Biblio Info	: Appendix IV to Final Report, No Date
Keywords	: MEI, Price Discrimination, Medicare, Geographic/Specialty Variation
Abstract	: Not available.

Report

Project Number	: 95-P-97178
Author	: Hadley, J
Organization	: Urban Inst
Title	: Appendix XIII--Financial Incentives and Physician Distribution: Evidence from Canada and the United States
NTIS Number	:
Biblio Info	: Appendix XIII to Final Report, No Date
Keywords	: Physician Distribution, Canada, Physician Reimbursement
Abstract	: Not available.

Report

Project Number
 Author
 Organization

: 95-P-97178
 : Paringer, L
 : Urban Inst

Title

: Appendix I--The Effect of the Medicare Economic Index on Reasonable Fees:
 Evidence from California

NTIS Number
 Biblio Info

:
 : Appendix I to Final Report, July 1981

Keywords

: MEI, CPR, Medicaid, Medicare, RVS, Fee Schedules, Assignment, Geographic/Specialty
 Variation

Abstract

: Not available.

Report

Project Number	:	95-P-97178
Principal Investigator/Author	:	Holahan, J
Organization	:	Urban Inst
Title	:	Appendix XII--A Comparison of Medicaid and Medicare Physician Reimbursement Rates
NTIS Number	:	
Biblio Info	:	Appendix XII to Final Report, No Date
Keywords	:	Medicaid, Medicare, Comparison Medicaid/Medicare, Physician Reimbursement, RVS, Fee Schedules
Abstract	:	Not available.

Report

Project Number	:	95-P-97178
Principal Investigator/Author	:	Scanlon, W; Sulvetta, MB
Organization	:	Urban Inst
Title	:	Appendix VIII--Adopting A Physicians' Fee Schedule: Simulated Evaluations of Relative Value Scale and Average Charge Approaches
NTIS Number	:	
Biblio Info	:	Appendix VIII to Final Report, No Date
Keywords	:	RVS, Fee Schedules, CPR, Medicare, Medicaid
Abstract	:	Not available.

Report

Project Number
Author
Organization

: 95-P-97178
: Sulvetta, MB
: Urban Inst

Title

: Appendix XI--Medicare and Medicaid as Prudent Buyers: Trying to Get
Lab Services Wholesale

NTIS Number
Biblio Info

:
: Appendix XI to Final Report, No Date

Keywords

: Laboratory Services, Medicare, Medicaid

Abstract

: Not Available.

Report

Project Number : 95-P-97178
Principal Investigator/Author : Juba, D; Scanlon, W; Sulvetta, M

Organization ; Urban Inst

Title : Appendix VI--Redefining Medicare Reasonable Charges: Simulated Effects on Expenditures

NTIS Number :
Biblio Info : Appendix VI to Final Report, No Date

Keywords : Medicare, CPR, RVS, Fee Schedules

Abstract : Not Available.

Report

Project Number	:	95-P-97178
Author	:	Juba, D; Sulvetta, M; Scanlon, W
Organization	:	Urban Inst
Title	:	Appendix V--Physician Behavior Under an All or None Assignment Policy
NTIS Number	:	
Biblio Info	:	Appendix V to Final Report, No Date
Keywords	:	Assignment, All-or-Nothing Assignment, Medicare, Medicaid
Abstract	:	Not Available.

Report

Project Number

Author

Organization

Title

: 95-P-97178
 : Sulvetta, M
 : Urban Inst

: Appendix VII--Altering the Medicare Economic Index: Specialty-Specific Indices and Fee Floors

NTIS Number

Biblio Info

Keywords

Abstract

:
 : Appendix VII to Final Report, No Date

: MEI, Specialty-Specific Weights, Fee Schedules, RVS

: Not Available.

Report

Project Number	:	95-P-97178
Principal Investigator/Author	:	Sulvetta, MB
Organization	:	Urban Inst
Title	:	Appendix IX--Changing Patterns in Pathology Service Provision: Evidence from the Medicare Program
NTIS Number	:	
Biblio Info	:	Appendix IX to Final Report, No Date
Keywords	:	Pathology, Medicare
Abstract	:	Not Available.

<u>Report</u>	
Project Number	: 95-P-97178
Author	: Paringer, L
Organization	: Urban Inst
Title	: Appendix III--The Distributional Effects of the Medicare Economic Index on Physicians and Beneficiaries
NTIS Number	: Appendix III to Final Report, No Date
Biblio Info	: MEI, RVS, Fee Schedules, Geographic/Specialty Variation, Medicaid, Medicare, Beneficiary Liability, Income
Keywords	: Not Available.
Abstract	

Project

Project Number : 95-P-97200

Principal Investigator : Muller, Charlotte

Organization : Cuny

Title : Alternative Approaches to Physician Reimbursement Under Medicare

Sponsor : HCFA

Project Officer : Sobaski, William

Status (Active, Compl'd, Term'd) : C

End Date : 790929

Keywords : Medicare, Design, CPR, Simulation, MEL, Specialties

Project Description : A 12-month study which used the paid claims files of a Medicare carrier to examine the effects of changing the present parameters determining Medicare reasonable charges.

Report

Project Number : 95-P-97200
 Author : Muller, CF; Otelsberg, J
 Organization : Cuny
 Title : Alternative Approaches to Physician Reimbursement Under Medicare: A Simulation
 NTIS Number : PB81121725
 Biblio Info : Final Report, Aug 1979
 Keywords : MEL, CPR, Design, Simulation, Beneficiary Liability
 Abstract : This project simulates likely effects upon program outlays, physician revenue and Medicare beneficiary out-of-pocket liability that could result from altering methods used to determine Medicare Part B (SMI) prevailing charges. Using the present prevailing charge methodology of a carrier and its claims experience as the benchmark, alternative methods examined were: (a) 75th percentile of customary charges by specialty (i.e. elimination of MEL), (b) single prevailing charge for all specialty designations combined, (c) average reasonable charge, board certified physicians separate from other physicians. Alternative (a) would have increased outlays by 8.7%. alternative (b) would have reduced outlays by 1.9%. other alternatives would have increased outlays by 0..5%. Effects on physicians by specialty and revenue class and upon beneficiaries by expense level class are provided for alternatives (b) and (c).

<u>Project</u>	
Project Number	: 95-P-97245
Principal Investigator	: Mitchell, Janet B
Organization	: Boston Univ
Title	: Physician-Induced Demand: Surgical Operations and Hospital Days
Sponsor	: HCFA
Project Officer	: Dutton, Benson
Status (Active, Compl'd, Term'd)	: C
End Date	: 800331
Keywords	: Induced Demand, Geographic/Specialty Variation, SMSAS, Elective Surgery
Project Description	: This project tested the hypothesis of physician-induced demand by describing and explaining variation in surgery rates and the mix of surgical procedures.

Report

Project Number
Author
Organization

: 95-P-97245
: Mitchell, JB; Cromwell, J
: Boston Univ/CHER

Title

: Physician-Induced Demand for Surgical Operations

NTIS Number
Biblio Info

: PB81209744
: Final Report Dec 80

Keywords

: Induced Demand, Elective Surgery, SMSAS

Abstract

: This study sought to directly test the induced demand hypothesis, using surgery as a test case. Analyses were based on a cross-section time-series of NCHS health interview survey data for 1969-1976. Holding all other factors constant including prices, surgeon supplies were found to induce demand: a 10% increase in surgeons per capita resulted in a 1% increase in total surgery rates, and 1.3% increase in elective surgery. Most of the effect, however, comes through higher surgeons' fees, about \$50 per operation more. When the sample is decomposed into rural, small, and large urban areas, rural areas resemble the traditional competitive market - there is no evidence of inducement and fees fall with greater surgeon concentration. Large SMSAS, by contrast, show a definite backward bending supply curve, so that outward supply shifts result in movements back along the demand curve and significantly higher fees. Additional analyses, using a disequilibrium approach and segmenting the markets into surgeon surplus and shortage areas, provided further evidence of inducement. The usual competitive mechanism of price adjustments to eliminate demand-supply gaps appears strangely altered, if not missing altogether, in the market for surgical services. These findings suggest that many traditional policy tools, including fee regulation and utilization review, will only worsen the situation and that new reimbursement approaches, such as capitation, may be needed.

Report

Project Number	: 95-P-97245
Author	: Mitchell, JB; Cromwell, J
Organization	: Boston Univ/CHER
Title	: Variations in Surgery Rates and the Supply of Surgeons (in David Rothberg, ed.: Regional Variations in Hospital Use)
NTIS Number	:
Biblio Info	: Lexington Books, in Press, 1982
Keywords	: Surgery, Physician Supply, Geographic Variation
Abstract	: Not Available.

Journal

Project Number	:	95-P-97245
Author	:	Cromwell, J; Mitchell, JB
Organization	:	Boston Univ/CHER
Title	:	Inducement of Surgical Services
NTIS Number	:	
Biblio Info	:	J of Human Resources, Winter 1982
Keywords	:	Surgery, Induced Demand
Abstract	:	Not Available.

Project

Project Number	:	95-P-97309
Principal Investigator	:	Reinhardt, Uwe E.
Organization	:	Princeton Univ
Title	:	Studies in Physician Reimbursement
Sponsor	:	HCFA
Project Officer	:	Jencks, Stephen
Status (Active, Compl'd, Term'd)	:	C
End Date	:	821231
Keywords	:	Fee Schedules, Econometric Analysis, International Comparisons
Description	:	A series of analytical studies on the problem of developing fee schedules for the reimbursement of private medical practitioners; it includes economic modeling, procurement of empirical information and econometric analyses.

Report

Project Number
Author
Organization

: 95-P-97309
: Reinhardt, UE
: Princeton Univ

Title

: The Compensation of Physicians: Approaches Used in Other Countries

NTIS Number
Biblio Info

: PB86140134
: Final Report, Vol 1, Dec 1984; Vol 2, June 83

Keywords

: Fee Schedules, International Comparisons, France, W Germany, Canada, Italy, RVS

Abstract

: This study examined the role of fee schedules in physician reimbursement under third-party payment systems in Europe and Canada. Specific tasks included development of the conceptual basis for fee schedules and analytical frameworks for assessment of changes within fee schedules, as well as descriptive analyses of fee schedules and relative price structures in the US.

Several country-specific papers have been produced on physician fee determination systems. The paper on the french system was written by Simone Sandier of Credoc, the French Health Economics Research Institute. The paper on the German physician fee system was written by the late Ulrich Geissler. Both the German and French systems have shown that uniform RVS are possible; in fact, the French in effect have a nationwide fee schedule. The Germans have been trying to alter their RVS to improve the relative position of primary care services, but as yet without much success. A revised draft final report was expected in winter 84. It addressed the theoretical perspectives on physician compensation in the US, Canada, France, West Germany, and Italy and is available in English and French.

Report

Project Number	:	95-P-97309
Author	:	Reinhardt, UE
Organization	:	Princeton Univ
Title	:	The Compensation of Physicians: Approaches Used in Other Countries--Executive Summary
NTIS Number	:	
Biblio Info	:	Executive Summary, No Date
Keywords	:	Physician Reimbursement, International Comparisons, France, W Germany, RVS, Fee Schedules, Fee-For-Service
Abstract	:	Not Available

Report

Project Number	: 95-P-97309
Author	: Sandier, S
Organization	: Princeton Univ/CREDOC
Title	: Modalites De Remuneration et Revenus Des Medecins Liberaux en France
NTIS Number	:
Biblio Info	: CREDOC, Mars (March) 1981
Keywords	: Physician Reimbursement, France, Fee-For-Service, International Comparisons
Abstract	: Not Available.

Report

Project Number	:	95-P-97309
Author	:	Reinhardt, Uwe E
Organization	:	Princeton Univ
Title	:	Final Progress Report: Studies in Physician Reimbursement
NTIS Number	:	
Biblio Info	:	No Date
Keywords	:	Physician Reimbursement, International Comparisons, Fee Schedules, France, W Germany, RVS, Fee-For-Service
Abstract:	:	Not Available.

Report

Project Number	: 95-P-97309
Author	: Mizrahi, Andree; Mizrahi, Arie; Sandier, S
Organization	: Princeton Univ/Credoc
Title	: Programme de Recherches a Moyen Terme de la Division D'Economie Medicale
NTIS Number	: Credoc, Fevrier (FEB) 1981
Biblio Info	: Data Systems, International Comparisons, Physician Reimbursement, France
Keywords	
Abstract:	: Not available

Project

Project Number : 95-P-98081
 Principal Investigator/Author : Freund, Deborah
 Organization : Univ North Carolina Sch Pub Health

 Title : Implementation and Evaluation of Physician Based Group Plan (PBGPP)

 Sponsor : HCFA
 Project Officer : Maletz, David
 Status (Active, Compl'd, Term'd) : T
 End Date : 820629

 Keywords :

 Project Description : This Demonstration was to have tested a competitive system of Medicare reimbursement for primary care physicians in a GA COUNTY. Premiums would be established for each physician based on the health care costs he generates. The project was never implemented.

Report

Project Number
Author
Organization

: 95-P-98174
Mendenhall, Robert C
: Univ Southern California

Title

: Physicians who care for end stage renal disease patients: A national study
of their practices, patients and patient care

NTIS Number
Biblio Info

: PB84181478
: Final Report, Dec 1983

Keywords

: ESRD, Nephrology, Dialysis, IPD, Hemodialysis

Abstract

: USC, Division of Research in Medical Education, has conducted a nationwide survey of the professional activities of physicians who provide care for patients with ESRD. Data from the survey show that ESRD physicians' workloads parallel the busy practices of generalist physicians more than they do the practice patterns of most subspecialists in initial medicine (except that the outpatient load occurs mainly in the dialysis unit). Patient encounter data show that the majority of their visits are with ESRD patients, and that over half of all ESRD patients (facility and self care combined) are seen once a week or more. ESRD MDs report seeing facility hemodialysis patients an average of between 1.6 and 1.7 times a week. There are pronounced differences in the morbidity profiles of patients on different types of dialysis; home hemodialysis patients were found to have low rates of serious systemic illnesses, whereas peritoneal dialysis patients have high rates of diabetes mellitus.

Physicians with the highest workloads provide less resource-intensive care (less time spent with the patient and fewer diagnostic test employed) even when medical complications and other sources of variation in care are controlled for statistically.

Project

Project Number	:	95-P-98174
Principal Investigator/Author	:	Mendenhall, Robert C
Organization	:	Univ Southern California
Title	:	Physicians who care for end stage renal disease patients: a national study of their practices, patients and patient care
Sponsor	:	HCFA
Project Officer	:	Dutton, Benson
Status (Active, Compl'd, Term'd)	:	C
End Date	:	831215
Keywords	:	ESRD, Nephrologists, Nephrology, Dialysis, IPD, Hemodialysis
Project Description	:	This was a project to Design and conduct a national physician-oriented study of the time and effort allocated to various professional activities and patient care servvoces with the target population being those physicians who render care to patients with ESRD. The study was all-inclusive in the sense that the participating physicians were asked to report on their entire practice and the full array of their professional activities.

Project

Project Number : 95-P-98570
 Principal Investigator/Author : Gregg, Robert H
 Organization : Nat'l Assoc of Children's Hospitals

 Title : Children's Hospital Case Mix Classification System Project

 Sponsor : HCFA
 Project Officer : Langenbrunner, John
 Status (Active, Compl'd,Term'd): A
 End Date : 851231

 NTIS Number :
 Biblio Info : Final report not received yet

 Keywords : Case Mix, Pediatric Hospitals, PPS, DRGS, Excluded Hospitals, Exempt Hospitals

 Project Description/Abstract : This project will develop and evaluate a case mix classification system which measures and classifies pediatric hospitalization effectively for use in a PPS. The goal of the research study is to determine whether and how the DRG PPS implemented by Medicare for the payment of general hospitals should be modified for use as the method of payment for children's hospitals.

Project

Project Number : 99-C-98526
 Principal Investigator : Wallack, Stanley
 Organization : Brandeis Univ

 Title : Health Research and Policy Consortium--Cooperative Research Center

 Sponsor : HCFA
 Project Officer : Dobson, Allen
 Status (Active, Compl'd, Term'd) : A
 End Date : 890430

 Keywords : Policy Centers, Research Consortia

 Project Description : Brandeis Univ proposed to organize and activate the health research and policy consortium (HRPC) was be structured with the express purpose of creating a research center that is fully and immediately capable of dealing with health care financing issues. The consortium will consist of: Brandeis and Boston Universities, the center for health economic research (CHER) and the Urban Institute.

 NB: Two studies performed under this policy center contract are entered in this database are entered under 18-C with this project number.

Journal

- Project Number : Z
 Author : Burney, I; Schieber, G; Blaxall, M; Gabel, J
 Organization : HCFA
- Title : Medicare and Medicaid Physician Payment Incentives
- NTIS Number : PB81112799
 Biblio Info : HCF Review 1(1):62-78, Summer 1979
- Keywords : Physician Reimbursement, Participation, Geographic/specialty Variation
- Abstract : The incentives in the Medicare and Medicaid physician payment systems and their effects on six interrelated aspects of health care costs and beneficiary access to care were analyzed. Research results and data presented indicate that Medicare and Medicaid physician payment incentives are inconsistent with current public policy goals of (1) containing inflation in fees and expenditures, (2) encouraging physician participation in public programs, (3) improving the geographic and specialty distributions of physicians, (4) encouraging primary care instead of surgery, and also outpatient rather than inpatient treatment.

Journal

- Project Number : Z
 Author : Hsiao, W C; Stason, W B
 Organization : Harvard Univ
- Title : Toward Developing A Relative Value Scale For Medical and Surgical Services
- NTIS Number : PB81112807
 Biblio Info : HCF Review 1(2):23-38, Fall 1979
- Keywords : RVS, Surgery, Overpriced Procedures, Return on Investment, Education Costs
- Abstract : A methodology has been developed to determine the relative values of surgical procedures and medical office visits on the basis of resource costs. The time taken to perform the service and the complexity of that service are the most critical variables. Interspecialty differences in the opportunity costs of training and overhead expenses are also considered. Results indicate some important differences between the relative values based on resource costs and existing standards, prevailing Medicare charges, and California relative value study values. Most dramatic are discrepancies between existing reimbursement levels and resource costs. Values for office visits compared to surgical procedures. Office visits are undervalued and specialty to specialty but indicate that, on the average, office visits are undervalued (or surgical procedures overvalued) by four- to five-fold. After standardizing the variations in the complexity of different procedures, the hourly reimbursement rate in 1978 ranged from \$40 for a general practitioner to \$200 for surgical specialists.

Journal

Project Number	:	Z
Principal Investigator/Author	:	Greenspan, NT
Organization	:	HCFA
Title	:	A Descriptive Analysis of Medical Malpractice Insurance Premiums, 1974-1977
NTIS Number	:	PB81112807
Biblio Info	:	HCF Review 1(2):65-71, Fall 1979
Keywords	:	Specialty Variation, Malpractice, Malpractice Insurance, Geographic Variation
Abstract	:	Surveys indicate that only selected specialists in a few states are bearing a financial burden due to malpractice insurance premiums. Given that approximately 55 percent of physicians are in the three low risk categories and pay less than \$4,000 per year for insurance, the higher malpractice premiums are financially manageable for most physicians.

Journal

Project Number
Author
Organization

: Z
: Ferry, T; Gornick, M; Newton, M; Hackerman, C
: HCFA

Title

: Physicians' Charges Under Medicare: Assignment Rates and Beneficiary Liability

NTIS Number
Biblio Info

: PB81112831
: HCF Review 1(3):49-73, Winter 1980

Keywords

: Assignment Choices, Geographic/specialty Variations, CPR

Abstract

: Under Medicare's Part B program, the physician decides whether to accept assignment of claims. When assignment is accepted, the physician agrees to accept as full payment medicare's allowed charge. Physicians' acceptance of assignment is of considerable importance in relieving the beneficiaries' burden of the costs of medical care services. This factor and the beneficiaries' liabilities for premiums, the annual deductible, and coinsurance are analyzed in considerable detail in this report, data from physicians' claims for services in 1975 show that 45.8 percent of the services and 47.2 percent of the charges were assigned for the aged. There was a wide variation in the rate of acceptance of assignment by physician specialty, and by age, race, and residence of beneficiaries. Total beneficiary liability from the deductible, coinsurance, and from unassigned claims amounted to 37.7 percent of total physicians' charges due. When the premium which the beneficiary pays for Part B is included, the beneficiary liability rises to 69.2 percent of total physicians' charges due.

Journal

Project Number	:	Z
Author	:	Lemasurier, J
Organization	:	HCFA
Title	:	Physician Medical Malpractice: Special Report
NTIS Number	:	
Biblio Info	:	HCF Review 7(1):111-116, Fall 1985
Keywords	:	Malpractice, Malpractice Insurance
Abstract	:	Malpractice insurance premiums for physicians have increased at an average rate of over 30% per year. This rate is significantly higher than health care cost inflation and the increase in physician costs. Trends indicate that malpractice related costs, both liability insurance and defensive medicine costs, will continue to increase for the near future. Pressures to limit physician costs under medicare raise a concern about how malpractice costs can be controlled. This paper presents a overview of the problem, reviews options that are available to policymakers, and discusses state and legislative efforts to address the issue.

Journal

- Project Number : Z
 Author : Holahan, J
 Organization : Urban Inst
- Title : Paying for Physician Services in State Medicaid Programs
- NTIS Number : PB84189844
 Biblio Info : HCF Review 5(3):99-110, Spring 1984
- Keywords : Medicaid, Access, CPR, Comparison Medicaid/Medicare Rates, Geographic/specialty Variation
- Abstract : This article presents new information on both methods and rates of payment for physician services in state Medicaid programs. a variety of indices comparing state programs with each other and with Medicare are developed and discussed. The information is important for both state policymakers considering cost-containment strategies and for those concerned with Medicaid access to physician services.

Journal

- Project Number : Z
 Author : McMillan, A; Lubitz, J; Newton, M
 Organization : HCFA
 Title : Trends in Physician Assignment Rates for Medicare Services, 1968-85
- NTIS Number :
 Biblio Info : HCF Review 7(2):59-75, Winter 1985
- Keywords : Assignment Rates, Beneficiary Liability, DEFRA, CPR
- Abstract : This article provides an overview of trends in Medicare assignment rates. It covers changes over time in assignment by demographic characteristics and state and analyzes beneficiary liability. Although assignment rates were rising slowly from 1977 to 1983, beneficiary liability was also rising, primarily because of the rise in medical charges and the reduction on allowed charges. Substantial increases in the assignment rate have coincided with the implementation of provisions in the deficit reduction act of 1984 to encourage assignment and the assignment rate reached an all time high of 69% in 1985.

Journal

Project Number	:	Z
Author	:	Friedlob, A
Organization	:	HCFA
Title	:	Medicare Second Surgical Opinion Programs: The Effect of Waiving Cost-sharing
NTIS Number	:	PB83104414
Biblio Info	:	HCF Review 4(1):99-106, Sept 1982
Keywords	:	Second Opinions, Surgeons, OBRA
Abstract	:	Brief report of study mandated by OBRA of 1980 on desirability of waiving present Medicare cost-sharing requirements for 2nd surgical opinions.

Journal

Project Number
Author
Organization

: Z
: Pine, PL; Gornick, M; Lubitz, J; Newton, M
: HCFA

Title

: Analysis of Services Received Under Medicare by Specialty of Physician

NTIS Number
Biblio Info

: PB82130170
: HCF REVIEW 3(1):89-116, SEPT 1981

Keywords

: Geographic/Specialty Variation, Overpriced Procedures, Specialties

Abstract

: This paper examines use of MDs' services by Medicare beneficiaries according to the specialty of the MD providing care. The major objectives of this study were to determine which types of mds are most frequently used, the average charge per service by specialty, the mix of physicians (by specialty) that patients saw during the year, and the amount medicare reimburses in relation to total md income. Data were studied for the total Medicare population and by age,sex, race, and geographic area. Claims data for 1975 and 1977 were used from Part B bill summary system (5% sample of Medicare enrollees).

Major findings : (1)MDs in general practice and internal medicine provided about the same number of services and each far outranked all other types of MDs in numbers of Medicare beneficiaries with reimbursed services. (2) there were marked differences by census region in the use of certain specialists, particularly pathologists, podiatrists, dermatologists, and the specialty group ear,nose,and throat. (3)average charges per service varied considerably by specialty. Internists' charges averaged 35 % higher per service than charges by gps. charges submitted by the surgical specialties far outranked all others and showed the greatest increase during the period under study. (4) of the total persons with reimbursed MDs' services in 1977, 85% saw a primary care physician during the year, while the remaining 15% received services from specialists only. (5) of the total reimbursements made by Medicare, internists received 20%, gps received 14%; and general surgeons 12%. Medicare's payments were estimated to be 21% of total gross income for internists, 20% for anesthesiologists, and 18% for surgical specialties.

Journal

- Project Number : Z
 Author : Mcmenamin, P
 Organization : HCFA
- Title : Future Research and Policy Directions in Physician Reimbursement
- NTIS Number : PB82130154
 Biblio Info : HCF Review 2(4:61-75), Spring 1981
- Keywords : Access, Costs, Quality, Research Techniques, Physician Reimbursement
- Abstract : Payments to MDs absorb the second largest share of the health care \$ in the U.S. in 1979 the share was 19% of the total, or \$40.6 billion (Gibson, 1980). HCFA alone spent \$8.6 billion for physician services, representing approx. 16% of all public funds disbursed under HCFA programs.
- This paper presents an overview of various issues concerning physician reimbursement. Several major areas have been identified (access, cost, quality, and improving or refining research techniques for analyzing topics concerning physician reimbursement) each area is introduced with a brief discussion of some of the problems associated with physician reimbursement systems relating to that area. Selected results are then presented from the previous research in each area, along with descriptions of continuing studies currently underway. Each section concludes with a discussion of potential future directions for new research or data development.

Journal

Project Number
Author
Organization

: Z
: Juba, D; Hadley, J
: Urban Inst

Title

: Relative Value Scales for Physicians' Services

NTIS Number
Biblio Info

:
: HCF Review 6(4):93-101, Summer 1985

Keywords

: RVS, Fee Schedules

Abstract

: A key element in the construction of a physician fee schedule is the underlying relative value scale. The focus in this article is on the development and comparison of RVS' based on alternative data sources and construction methods. Results suggest that medical procedures' values are preserved across alternative charge-based RVS'. Some differences are observed, however, when comparing procedures' values on scales derived from charges versus those derived from time data. The major conclusion is that the choice of a charge data base and method of constructing an RVS need not be a primary concern in the process of developing physicians' fee schedules.

Journal

Project Number	:	Z
Author	:	Held, P; Holahan, J
Organization	:	Urban Inst
Title	:	Containing Medicaid Cost in an Era of Growing Physician Supply
NTIS Number	:	
Biblio Info	:	HCF Review 7(1):49-60, Fall 1985
Keywords	:	Price Discrimination, Physician Supply
Abstract	:	In this analysis, Medicaid cost containment is viewed within the theoretical framework of a price discrimination model. The value of viewing supply decisions made by physicians in terms of the conventional economic laws of supply and demand is demonstrated. Physicians are seen to respond to prices in a predictable way. as private prices increase, physicians are less willing to participate in Medicaid. As Medicaid prices increase, physicians are more willing to participate. effects of changes in the number of persons eligible for Medicaid and in the physician supply are also analyzed.

Journal

- Project Number : Z
 Author : Burney, I; Schieber, G
 Organization : HCFA
 Title : Medicare Physicians' Services: The Composition of Spending and Assignment Rates
 NTIS Number :
 Biblio Info : HCF Review 7(1):81-96, Fall 1985
 Keywords : Assignment Rates
 Abstract : Medicare spending for physicians' services, the 2nd largest component of the Medicare program (24.5%), represents 1.3% of the federal budget, 0.41% of gnp, and 19.4% of national spending for physicians' services. Interest in reforming the Medicare physician payment system is growing. Detailed information on patterns of Medicare spending for physicians' services and assignment rates according to physician specialty, place of service, type of service, and procedure are presented.

Journal

Project Number	: Z
Author	: Gornick, M; Newton, M; Hackerman, C
Organization	: HCFA
Title	: Factors Affecting Differences in Medicare Reimbursement for Physicians' Services
NTIS Number	: PB81112815
Biblio Info	: HCF Review 1(4):15-37, Spring 1980
Keywords	: Geographic Variation, Beneficiary Liability
Abstract	: Under Medicare's Part B program, wide variations are found in average reimbursements for MDs' services by demographic and geographic characteristics of the beneficiaries. Average reimbursements per beneficiary enrolled in the program depend upon the % of enrolled persons who exceed the deductible and receive reimbursements, the average allowed charge per service, and the number of services used.
	This study analyzes differences in average reimbursements per beneficiary for physicians' services in 1975 and discusses allowed charges and use factors that affect average reimbursements. Differences in the level of allowed charges and their impact on meeting the annual deductible are also discussed. The study indicates that average reimbursements per beneficiary are likely to continue to vary significantly year after year under the present Part B cost-sharing and reimbursement mechanisms.

Journal

Project Number
Author
Organization

: Z0
: Burney, I; Schieber, G; Blaxall, M; Gabel, J
: HCFA

: Geographic Variation in Physicians' Fees: Payments to Physicians
Under Medicare and Medicaid

Title

NTIS Number
Biblio Info

:
: Jama 240(13):1368-1371, Sept 22, 1978

Keywords

: Geographic Variation, Fees

Abstract

: To study geographic differences in physician fees recognized by Medicare and Medicaid programs, we analyzed physician reimbursement rates at the national, regional, state and county levels. The results indicate that nationally Medicaid specialist fees are 77% of Medicare specialist fees. Medicare specialist fees in metropolitan areas are 23% higher than those in nonmetropolitan areas, but there are no differences under Medicaid. State Medicare specialist fees varied from 73% to 132% of the national Medicare average, while Medicaid specialist fees ranged from 49% to 179% of the national Medicaid average. State Medicaid fees for specialists ranged from 39% to 100% of Medicare specialist fees. These results indicate that under national health insurance, fees set at national or statewide levels could have notable effects on physician remuneration in some localities.

Journal

Project Number
Author
Organization

: Z0
: Epstein, AM; Begg, CB; Mcneil, BJ
: Harvard Univ/Community Health Plan

Title

: The Use of Ambulatory Testing in Prepaid and Fee-For-Service Group Practices:
Relation to Perceived Profitability

NTIS Number
Biblio Info

:
: NEJM314(17):1089-1093

Keywords

: Laboratory Services, Fee-For-Service, HMOS, Ambulatory Care, Prepaid Plans

Abstract

: To examine the influence of method of payment on ambulatory testing by internists, we compared the rate at which patients with uncomplicated hypertension were tested by 10 doctors practicing in large fee-for-service groups with that by 17 doctors in large prepaid groups. We examined the use of individual tests and asked the doctors in the fee-for-service groups what they believed about the profitability and costs of tests.

After correcting for the patient's age, sex, duration of disease, and severity of disease as measured by pretreatment blood pressure, and for the doctor's year of medical school graduation, we found that 50 % more electrocardiograms were obtained among patients in fee-for-service practices and 40% more chest radiographs. Fee-for-service doctors believed that both tests were associated with high profit and costs.

These results suggest that the use of certain high-profit, high-cost tests is higher in large fee-for-service groups than in large prepaid groups. Although the generalizability of conclusions based on this limited study must be considered tentative, the findings suggest that it may be appropriate to consider changing the payments for tests as part of a more general reform of the fee schedules.

Journal

Project Number : Z0
Principal Investigator/Author : Chassin, MR; Brook, RH; Park, RE; Keeseey, J; Fink, A
Organization : Rand Corp
Title : Variations in the Use of Medical and Surgical Services by the Medicare POpulation
NTIS Number :
Biblio Info : NEJM 314:285-290, Jan 30, 1986
Keywords : Geographic/Specialty Variation, Cognitive Services, Surgery, Utilization, Medicare
Abstract : The study measured geographic differences in the use of medical and surgical services during 1981 by Medicare beneficiaries in 13 large areas of U.S. The average number of Medicare beneficiaries per site was 340,000. I found large and significant differences in the use of services provided by all medical and surgical specialties. Of 123 procedures studied, 67 showed at least threefold differences between sites with the highest and lowest rates of use. Use rates were not consistently high in one site, but rates for procedures used to diagnose and treat a specific disease varied together, as did alternative treatments for the same condition.

These results cannot be explained by the actions of a small number of physicians. It is not known whether physicians in high-use areas performed too many procedures, whether physicians in low-use areas performed too few, or whether neither or both of these explanations are accurate. However, we do know that the differences are too large to ignore and that unless they are understood at a clinical level, uninformed policy decisions that have adverse effects on the health of the elderly may be made.

Report

Project Number	:	Z1
Principal Investigator/Author	:	Berry, C; Held, P; Kehrler, B; Mannheim, L; Reinhardt, U
Organization	:	Mathematica Policy Research
Title	:	Canadian Physicians' Supply Response to Universal Health Insurance: The First Five Years in Quebec
NTIS Number	:	
Biblio Info	:	In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	:	Universal Health Insurance, Canada, Quebec, Physician Supply
Abstract	:	Not available.

Report

Project Number	: Z1
Author	: Muller, CF; Otelsberg, J
Organization	: Cuny
Title	: Interim Research Findings on Physician Reimbursement Under Medicare
NTIS Number	:
Biblio Info	: In HCFA Conf Summaries, Wash. Hilton Feb 1978
Keywords	: Phycsian Reimbursement, Medicare
Abstract	: Not available

Report

Project Number	:	Z1
Author	:	Holahan, J; Hadley, J; Lee, R; Scanlon, W
Organization	:	Urban Inst
Title	:	Physician Behavior During Wage Price Controls in California
NTIS Number	:	
Biblio Info	:	In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	:	Price Controls, California
Abstract	:	Not available.

Report

Project Number	: Z1
Author	: Burney, I; Gabel, J
Organization	: HCFA
Title	: Research Summaries Prepared for Conference on Research Results From Physician Reimbursement Studies
NTIS Number	:
Biblio Info	: Washington Hilton Hotel, Feb 21-22, 1978
Keywords	: Physician Reimbursement
Abstract	: Not available.

Report

Project Number	: Z1
Author	: Burney, I; Gabel, J
Organization	: HCFA
Title	: Reimbursement Patterns Under Medicare and Medicaid
NTIS Number	:
Biblio Info	: HCFA Conf Summaries, Washington Hilton, Feb 78
Keywords	: Physician Reimbursement
Abstract	: Not available.

Report

Project Number

Author

Organization

Title

NTIS Number

Biblio Info

Keywords

Abstract

: Z1
 : Hsiao, W; Taylor, A; Lurie, P
 : Harvard Univ
 : The Patterns of Physician Charges: Implications for Policy
 :
 : In HCFA Conf Summaries, Wash. Hilton, Feb 1978
 :
 : Fees, CPR
 : Not available.

Report

Project Number	: Z1
Author	: Sloan, F; Cromwell, J; Mitchell, JB
Organization	: ABT Assoc
Title	: Results From A National Survey of 2,000 Physicians: Medicaid Participation, Physician Bad Debt, and Direct Third Party Payment
NTIS Number	:
Biblio Info	: In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	: Participation, Medicaid, Bad Debts, Third-Party Payment
Abstract	: Not available.

Report

Project Number : Z1
Author : Redisch, M
Organization :

Title : Physician Involvement in Hospital Decision Making

NTIS Number :
Biblio Info : In HCFA Conf Summaries, Wash. Hilton, Feb 1978

Keywords : Hospital Decision-making, Physician Decision-making, Hospital Organization
Medical Staffs

Abstract : Not available.

Report

Project Number	:	Z1
Author	:	Newman, AS
Organization	:	Commonwealth of Virginia/Computer Co
Title	:	Virginia Physician Responses To Changes in Coding Terminology: Is There Evidence of Creepong Procedural Inflation?
NTIS Number	:	
Biblio Info	:	In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	:	CPT, Coding, Virginia, Coding Creep
Abstract	:	Not available.

Report

Project Number	: Z1
Author	: Gertman, P; Anderson, J; Monheit, A; Eagle, JB
Organization	: Boston Univ
Title	: Utilization Review in the United States: Results From A 1976 National Survey of Hospitals
NTIS Number	:
Biblio Info	: In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	: Utilization Review, National Hospital Survey, Hospital Utilization
Abstract	: Not available.

Report

Project Number	: Z1
Author	: McCarthy, EG
Organization	: Cornell Univ
Title	: Second Surgical Opinion: Salvation or Sham
NTIS Number	:
Biblio Info	: In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	: Surgery, Surgeons, Second Opinions
Abstract	: Not available.

Report

Project Number	:	Z1
Author	:	Wennberg, J
Organization	:	Harvard Univ
Title	:	Small Area Analysis of Surgery Rates
NTIS Number	:	
Biblio Info	:	In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	:	Surgery, Surgeons
Abstract	:	Not available.

Report

Project Number	:	Z1
Author	:	Pauly, M
Organization	:	Northwestern Univ
Title	:	The Effect of Medical Staff Characteristics on Hospital Care
NTIS Number	:	
Biblio Info	:	In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	:	Medical Staffs, Hospital Organization
Abstract	:	Not available.

Report

Project Number	:	Z1
Principal Investigator/Author	:	Markel, G
Organization	:	Pennsylvania Blue Shield
Title	:	Per Case Reimbursement for Medical Care: Effect Upon Hospital Utilization
NTIS Number	:	
Biblio Info	:	In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	:	DRGS, Hospital Utilization
Abstract	:	Not available.

Report

Project Number	: Z1
Author	: Mitchel, S; Shaffert, T; Schlenker, R
Organization	: Arthur Andersen & Co/Interstudy
Title	: Study of Reimbursement and Practice Arrangements of Hospital-Based Physicians
NTIS Number	:
Biblio Info	: In HCFA Conf Summaries, Wash. Hilton, Feb 1978
Keywords	: Hospital-based Physicians, Hospital Organization
Abstract	: Not available.

Report

Project Number	: Z2
Author	: Derzon, Robert
Organization	: HCFA
Title	: Welcome (To conference of Physicians and Financial Incentives)
NTIS Number	: PB82133695
Biblio Info	: In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	: CPR, Physcian Reimbursement
Abstract	: Not available.

Report

Project Number	: Z2
Author	: Burney, I; Gabel,J
Organization	: HCFA
Title	: Reimbursement Patterns Under Medicare and Medicaid
NTIS Number	: PB82133695
Biblio Info	: In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	: Access, Physician Density, Physician Reimbursement, Fee-For-Service, CPR
Abstract	: Not available.

Report

Project Number	:	Z2
Author	:	Gabel, J
Organization	:	HCFA
Title	:	Introduction and Overview--The Physician Sector: Cost, Access and Quality Concerns
NTIS Number	:	PB82133695
Biblio Info	:	In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	:	Costs, Access, Quality, Pricing, Induced Demand, Second Opinions, Participation, Hospital Costs
Abstract	:	Not available.

Report

Project Number	:	Z2
Author	:	Gabel, Jr; Taylor, J; Greenspan, N; Blaxzll, M (EDS)
Organization	:	HCFA
Title	:	Physicians and Financial Incentives: Health Care Financing Conference Proceedings
NTIS Number	:	PB82133695
Biblio Info	:	HCFA Pub 03067 Dec 80
Keywords	:	Physician Reimbursement
Abstract	:	Each conference paper in this conference proceedings report is indexed individually in order to ensure cross-referencing of all topics covered within the scope of the conference and inclusion of all authors.

Report

Project Number : Z2
Principal Investigator/Author : Platt, R; Jensen, L; Reinhardt, U; Redisch, M
Organization :
Title : Discussion
NTIS Number : PB82133695
Biblio Info : In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords : Physician Reimbursement
Abstract : Not available.

Report

Project Number	: Z2
Author	: Redisch, M
Organization	:
Title	: Physician Involvement in Hospital Decision-making
NTIS Number	: PB82133695
Biblio Info	: In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	: Hospital Organization, Medical Staffs
Abstract	: Not available.

Report

Project Number
Author
Organization

: Z3
: Woodward, RS; Warren-Boulton, F
: Washington Univ of St Louis

Title

: Physician Productivity and Remuneration Method

NTIS Number
Biblio Info

: PB82135757
: In HCFA Conf Proceedings Pub 03121 Aug 1981

Keywords

: Alternative Reimbursement Methods, Fees, Capitation, Salaries, Modeling

Abstract

: This paper develops a theoretical model to examine physician behavior under alternative reimbursement schemes. It considers 3 alternatives: 1) A system in which a physicians' income is fixed at a certain level regardless of his/her practice activities; 2) one in which income is proportional to the production of Medical care; and 3) one in which income is proportional to time spent in patient contact. These are labeled fixed, output-based, and time-based incomes, respectively.

The microeconomic model reported in the paper generates a number of unambiguous results in terms of income and utilization of practice inputs for these different types of income. These results form a solid foundation for predicting the effects of the more complicated real-world remuneration systems.

By assuming that fee-for-service remuneration is at least partly based on Medical care produced and that salary remuneration is in part a fixed remuneration, the author derives hypotheses of less income, less time at work, and lower workexpenditures for salaried physicians. Data from the 1976 PPCIS support the hypothesized predominance of output-based incomes and the anticipated lower earnings and practice expenses of fixed income physicians.

The author also reports that the induced demand hypothesis is not refuted by the HCFA survey data and that female physicians earn significantly lower incomes than their male counterparts.

Report

Project Number	: Z3
Author	: Sloan, FA
Organization	: Vanderbilt Univ
Title	: Physicians and Blue Shield: A Study of Effects of Physician Control on Blue Shield Reimbursements
NTIS Number	: PB82135757
Biblio Info	: In HCFA Conf Proceedings PUB 03121 Aug 81
Keywords	: Blue Shield, Participation in Private Insurance Plans, Physician Control
Abstract	: This study assesses the impact of specific Blue Shield-Organized Medicine relationships to levels of reimbursement for various Medical and surgical procedures and on physician willingness to participate in Blue Shield Service Benefits Programs. The empirical analysis shows that Blue Shield reimbursements and participation rates are higher when doctors have formal roles in plan decision-making. The results on participation, in combination with evidence from previous research, establish a link from control to higher Blue Shield reimbursements to greater physician willingness to accept Blue Shield patients on a payment-in-full basis. Results also indicate reductions in care to persons eligible for public program support, in particular Medicaid.

Report

Project Number : Z3
Author : Greenspan, NT
Organization : HCFA

Title : Introduction (To Conference Proceedings Report, "Issues in Physician Reimbursement")

NTIS Number : PB82135757
Biblio Info : In HCFA Conf Proceedings PUB 03121, Aug 1981

Keywords : Physician Reimbursement, PPCIS, MEI

Abstract : Each conference paper in this conference proceedings report is indexed separately in order to ensure cross-referencing of all topics covered by the conference and inclusion of all authors.

Report

Project Number	:	Z4
Author	:	McMillan, A; Pine, PL; Newton, M
Organization	:	HCFA
Title	:	Medicare: Use of Physicians' Services Under the Supplementary Medical Insurance Program, 1975-1978
NTIS Number	:	PB83199745
Biblio Info	:	HCFA Program Statistics PUB 03151, Mar 1983
Keywords	:	SMI, Physician Services
Abstract	:	Not available.

Report

Project Number	:	ZZ
Author	:	Sisk, Jane
Organization	:	OTA
Title	:	Payment for Physician Services: Strategies for Medicare
NTIS Number	:	
Biblio Info	:	OTA-H-294 Wash, DC: US GPO, Feb, 1986
Keywords	:	Defra, Physician Reimbursement, Medicare
Abstract	:	Not available.

Report

Project Number	:	ZZ
Author	:	Health Insurance Benefits Advisory Council
Organization	:	Health Insurance Benefits Advisory
Title	:	A Report on the Results of the Study of Methods of Reimbursement for Physicians' Services under Medicare
NTIS Number	:	
Biblio Info	:	US HEW, SSA, July 1973, SSA 92-73(10-73)
Keywords	:	Physician Reimbursement
Abstract	:	Not available.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	Danzon, PM
Organization	:	Rand Inst for Civil Justice
Title	:	The Frequency and Severity of Medical Malpractice claims
NTIS Number	:	
Biblio Info	:	Rand/R-2870-ICJ/HCF A, 1982
Keywords	:	Malpractice
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Author	:	Steeley, Barry
Organization	:	OIG Dept of HHS
Title	:	OIG Final Report: Medicare Cataract Implant Surgery
NTIS Number	:	
Biblio Info	:	OAI 85-IX-046, May 30,1986
Keywords	:	Cataract Surgery, Ambulatory Surgical Centers
Abstract	:	Not Available.

Report

Project Number
Author
Organization

: ZZ
: NTIS
: NTIS

Title

: Physicians: Geographic Distribution (1970--May 84)
(Citations from the NTIS Database)

NTIS Number
Biblio Info

: PB84868611
: NX4152

Keywords

: Geographic Variation, Physician Density

Abstract

: This bibliography contains citations concerning the geographical distribution of physicians within the U.S. and the determining factors for practice location. Topics covered are distribution by specialty, practice settings, age and medical school attended. Population and community characteristics are included which determine location, such as size, density, age level, socioeconomic level, and intellectual and educational advantages. Recommendations for correcting the maldistribution of physicians are discussed. (This updated bibliography contains 179 citations, 30 of which are new entries to the previous edition.)

Report

Project Number
Author
Organization

: ZZ
: NTIS
: NTIS

Title

: Physicians: Manpower Supply, Needs, and Demand (1981--Jun 85)
(Citations from the NTIS Database)

NTIS Number
Biblio Info

: PB85863322
: NYO420

Keywords

: Physician Supply, Productivity, Practice styles, bibliography, geographic variation

Abstract

: This bibliography contains citations concerning physician manpower relevant to the following topics: physician scarcity areas; causes, and recommendations for alleviating shortages; measurement methodologies for determining current and projected needs within a specific population; population characteristics as indicators of demands for services; and physician productivity and organization of medical practice. Implications for health manpower planning are also discussed. This updated bibliography contains 147 citations, 37 of which are new entries to the previous edition.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	Stambler, Howard
Organization	:	PHS/Health Resources & Services Adm
Title	:	Diffusion and the Changing Geographic Distribution of Primary Care Physicians
NTIS Number	:	
Biblio Info	:	HRS-P-OD-84-1
Keywords	:	Geographic Variation, Primary Care Physicians, Physician Density
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	Burrier, Betty
Organization	:	OIG Dept of HHS
Title	:	OIG Final Report: Medicare Reimbursement for Anesthesia Services
NTIS Number	:	
Biblio Info	:	OAI-85-2-010
Keywords	:	Anesthesiology, Standby Anesthesia
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	AM Society of Internal Medicine
Organization	:	AM Society of Internal Medicine
Title	:	Reimbursement for Physicians' Cognitive Servicesa White Paper
NTIS Number	:	
Biblio Info	:	ASIM, Jan 1981
Keywords	:	Cognitive Services, Overpriced Procedures, Procedural Services, RVS
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Author	:	Christensen, Sandra
Organization	:	CBO
Title	:	Physician Reimbursement Under Medicare: Options for Change
NTIS Number	:	
Biblio Info	:	US Congress, CBO, April 1986
Keywords	:	Physician Reimbursement
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Author	:	AM Society of Internal Medicine
Organization	:	AM Society of Internal Medicine
Title	:	Cognitive Services Revisited: A Concept Whose Time Has Come
NTIS Number	:	
Biblio Info	:	ASIM White Paper, Jan 1986
Keywords	:	Cognitive Services, Overpriced Procedures, Procedural Services, RVS
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	Danzon, PM: Lillard, LA
Organization	:	Rand Inst for Civil Justice
Title	:	The Resolution of Medical Malpractice Claims: Research Results and Policy Implications
NTIS Number	:	
Biblio Info	:	R-2793-ICJ, 1982
Keywords	:	Malpractice
Abstract	:	Not Available.

Report

Project Number : ZZ
Author : Mendenhall, Robert C
Organization : Univ Southern California

Title : Medical Practice in the United States

NTIS Number :
Biblio Info : Special Report, Robert Wood Johnson Foundation, 1981

Keywords : Practice Characteristics

Abstract : A special report of the Robert Wood Johnson Foundation based on the research results of a national study of medical and surgical specialties conducted at the Univ of Southern Calif School of Medicine, Robert C. Mendenhall, Principal Investigator. The research described in this special report was conducted by the Division of Research in Medical Education, U of Southern Calif. It was carried out with the support of the Robert Wood Johnson Foundation and the US Dept of HEW.

<u>Report</u>	
Project Number	: ZZ
Author	: Stambler, Howard
Organization	: PHS/Health Resources & Services Adm
Title	: Report to the President and Congress on the Status of Health Personnel in the United States, May 1984
NTIS Number	:
Biblio Info	: DHHS Pub No HRS-P-OD 84-4, May, 1984
Keywords	: Education, Health Personnel
Abstract	: Not Available.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	GAO
Organization	:	GAO
Title	:	Medicare: Documenting Teaching Physician Services Still a Problem
NTIS Number	:	
Biblio Info	:	GAO/HRD-86-36, Jan 1986
Keywords	:	Teaching Physicians, Teaching Hospitals, Education
Abstract	:	Not Available.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	O'Sullivan, J; Reuter, J
Organization	:	CRS
Title	:	Physician Reimbursement Under Medicare: Background Paper Prepared for the Use of the Members of the Committee on Finance
NTIS Number	:	
Biblio Info	:	April 22, 1986
Keywords	:	CPR, Assignment, Participation, Fee Schedules, Physician DRGs, Capitation, RVS, Fees
Abstract	:	Not Available.

Report

Project Number
Principal Investigator/Author
Organization

: ZZ
: Reinhardt, UE
: Princeton Univ

Title

: Parkinson's Law and the Demand for Physicians' Services

NTIS Number
Biblio Info

:
: Conference Comments, June 1-2, 1977

Keywords

: Induced Demand

Abstract

: This paper presents a lengthy comment on the issue of physician-induced demand for health services. The comment is structured as a review of "monopolistic elements in the market for physicians' services," a paper presented by Frank Sloan and Roger Feldman to the Federal Trade Commission's Conference on Competition in the Health Care Sector, Washington, DC, June 1-2, 1977.

Against the backdrop of a formal economic model of physician behavior, Sloan and Feldman review existing econometric research on the theory of physician-induced demand and ultimately feel persuaded that there is little conceptual or empirical support for the theory. If one takes the authors' own analytical framework at face value, however, one really ought to have reached quite the opposite conclusion, or conceded that the economist's traditional research strategy on this issue has been rather impotent. In view of the latter conclusion, Reinhardt's comment ends with the suggestion of a potentially more yielding research approach.

Report

Project Number	:	ZZ
Principal Investigator/Author	:	Reinhardt, UE
Organization	:	Princeton Univ
Title	:	Table Manners at the Health-Care Feast: "Regulation" vs. "Market"
NTIS Number	:	
Biblio Info	:	Conf Paper, Duke U Medical Center March 1981
Keywords	:	Competition, Deregulation
Abstract	:	Paper presented to Sixth Private Sector Conference, Duke University Medical Center, Durham, NC, March 23-25, 1981.

Report

Project Number
Author
Organization

Title

: ZZ
: Council of Medical Specialty Societies
: Council of Medical Specialty Societies
:
: Financing Graduate Medical Education in an Era of Cost
: Containment

NTIS Number
Biblio Info

:
: Proceedings, Invitational Conf on...April 1985

Keywords

:
: Teaching Hospitals, Education Costs

Abstract

: This Conference was held April 11-12, 1985 at
: L'enfant Plaza Hotel, Washington, DC. Co-Sponsors
: with the Council of Medical Specialty Societies
: were American Board of Medical Specialties,
: American Hospital Association, American Medical
: Association Council of Medical Education,
: Association of American Medical Colleges.

Journal

Project Number
Author
Organization

: ZZ 1R03 HS04729
: Rice, T
: Univ North Carolina/NCHSR

Title

: Determinants of Physician Assignment Rates by Type of
Service

NTIS Number
Biblio Info

: PB84229343
: HCF Review 5(4):33-42, Summer 1984

Keywords

: Assignment Rates, Laboratory Services, Surgery, Radiology

Abstract

: Determinants of MD assignment rates under Medicare are examined separately for medical, surgical, laboratory, and radiology services. Data for this study include copies of all Medicare claims submitted by over 1200 Colorado GPs, internists, and general surgeons during the periods both before and after they experienced a substantial change in program reimbursement rates. The results indicate that there is a significant positive relationship between changes in reimbursement and changes in assignment rates for medical, laboratory, and radiology services, but the relationship for surgical service is not significant. Furthermore, for laboratory and radiology services, only the change in medical service reimbursement is significant. Reimbursement rates for laboratory and radiological services are not

Report

Project Number
 Author
 Organization

: ZZ1RI8-HS01754
 : Markel, Gene A
 : Pennsylvania Blue Shield
 : Hospital Utilization Effects of Case Reimbursement for
 : Medical Care

Title

: PB82133695
 : IN HCFA Conf Proceedings Pub 03067 Dec 80

NTIS Number
 Biblio Info

: Utilization, DRGs, Hospitals, PPS

Keywords

: This conference proceedings entry does not mention
 : HCFA sponsored 600-76-0146 which reader is advised
 : to see.

Abstract

Report

Project Number	: ZZ240-83-0057
Author	: Hurdle, S; Pope, G; Cromwell, J
Organization	: HERI
Title	: Factors Underlying Changes in Physician Productivity
NTIS Number	:
Biblio Info	: Deliverable 5C (3), May 30, 1986
Keywords	: Productivity, PPCIS, Practice Styles
Project Description/Abstract	: This is the final report: updating and refinement of the health professions requirement model. Contract No.: HRS-240-83-0057 with the Division of Health Professions Analysis, Health resources and services administration. (John Drabek)

Report

Project Number
Author
Organization

: ZZ533-5690.0
: Hammons, GT; Brook, RH; Newhouse, JP
: Rand Corp

Title

: Selected Alternatives for Paying Physicians Under the Medicare
Program: Effects on the Quality of Care

NTIS Number
Biblio Info

:
: R-3394-OTA, June 1986

Keywords

: Quality Assurance, Alternative Reimbursement, Physician
DRGs, HMOs, Packaging, Capitation, Fee Schedules

Abstract

: The congress is considering alternative ways of paying for MDs' services to Medicare patients. The purpose of this report is to anticipate the effects of several alternative ways of paying for MDs' services on quality of personal health care. Includes a review of the literature for studies that relate quality of care to current systems of paying for MDs' services (Fee-for-service and HMOs), and develops a framework for use in analyzing the effects of MD payment systems on quality of care. Examined 6 alternatives: Fee-for-service with fee schedule that places greater weight on cognitive services than do current Medicare reimbursement arrangements; Paying for inpatient MD Services on the basis of DRGs; Increasing enrollment in HMOs; Using "Geographic Capitation" or risk-sharing contracts with carriers for Part B services; and 2 kinds of service packaging. Each alternative was analyzed using the framework developed, and the effects of each alternative are illustrated for several "typical" Medicare patients. The report could not predict the quantitative net effect of each alternative scheme, nor could the alternatives rank with respect to expected impact on quality of care. The uncertain impact on quality of care of any alternative payment system (and of the present one) demonstrates the need to monitor and attempt to assure quality of care for any new system instituted. The effects of an alternative payment system, including effects on quality of care, should be evaluated through a rigorously designed experiment or demonstration before widespread introduction. By predicting the kinds of effects on quality of care likely to occur under each alternative, our analysis provides guidance as to where monitoring and quality assurance should be focused.

Report**Project Number****Author****Organization****Title****NTIS Number****Biblio Info****Keywords****Abstract**

- : ZZ230-75-0166&7
- : Berry, C; Held, P; Kehr, B; Mannheim, L; Reinhardt, U
- : Mathematica Policy Research
- : Canadian Physicians' Supply Response to Universal Health Insurance: The First Five Years in Quebec (Preliminary Results)
- : PB82133695
- : In HCFA Conf Proceedings Pub 03067 Dec 80
- : National Health Insurance, International Comparisons, Canada, Quebec, Physician Distribution, Utilization
- : Sponsored by NCHSR

Report

Project Number	: ZZ5RI-8-HS01754
Author	: Markel, Gene A
Organization	: Pennsylvania Blue Shield
Title	: Hospital Utilization Effects of Case Reimbursement for Medical Care
NTIS Number	: PB82133695
Biblio Info	: In HCFA Conf Proceedings Pub 03067 Dec 80
Keywords	: DRGS, PPS, Hospitals, Utilization
Abstract	: This conference report entry does not mention HCFA sponsored 600-76-0146 which reader is advised to see.

Report

Project Number	:	ZZSSAP MB-74-250
Author	:	Inst of Medicine
Organization	:	Inst of Medicine
Title	:	Medicare-Medicaid Reimbursement Policies: Social Security Studies Final Report, Part I--Findings and Recommendations
NTIS Number	:	
Biblio Info	:	Wash, DC: Nat'l Acad of Sci, March 1976, IOM76-01
Keywords	:	
Abstract	:	Not available.

Report

Project Number
Author
Organization

: ZZ
: Blankenbaker, Ronald G
: NCVHS

Title

: Report of the National Committee on Vital and Health
Statistics on Statistical Aspects of Physician Payment Systems

NTIS Number
Biblio Info

:
: Prepublication Copy, July 1986

Keywords

: Ambulatory Care, Emergicenters, Uniform Ambulatory
Medicare Minimum Data Set, Data Systems

Abstract

: The emerging interest in ambulatory care services has coincided with the growing focus on reimbursement for physician services. Current approaches being considered by DHHS for reimbursing physician inpatient services all have implications for ambulatory care services as well.

Recognizing the numerous statistical issues involved in current and future policy choices for delivering and reimbursing physician services, NCVHS formed a work group in May 1984 to gather further information and to make recommendations to the full committee. The ultimate goals of the work group's inquiry were to encourage comparability and standardization; to enhance the multiple utility of data bases; To assure that data requirements by 3rd-party payers and others were justified; and to prevent unnecessary duplications. Underlying the effort was the conviction that in times of decreasing resources, high quality statistics become increasingly important in making optimal allocation decisions. The work group was also aware that there would be growing pressure on the analysis of ambulatory care data and that development of standard definitions, adoption of those standards, and training in their application would be necessary first steps toward turning that data into useful information.

Journal

Project Number
Author
Organization

: Z0
: Owens, Arthur
: Medical Economics

Title

: Earnings: Have They Flattened Out for Good?

NTIS Number
Biblio Info

:
: Medical Economics, Sept 8, 1986

Keywords

: Geographic/Specialty Variation, Income, Specialties

Abstract

: Medical Economics' continuing survey shows that for many physicians, practice income actually declined last year. The article gives details for 13 specialties. Geographic variation and differences by practice type (Incorporated, Unincorporated, Solo, Number of Shareholders or Partners, etc.) are also discussed.

Report

Project Number
Author
Organization

: 18-C-98361
: Schneider, K; Lichtenstein, J; Fetter, R; Freeman, J; Newbold, R
: Yale Univ

Title

: The New ICD-9-CM Ambulatory Visit Groups Classification Scheme:
Definitions Manual

NTIS Number
Biblio Info

: Being Sent
: Copyright 1986 Yale Univ

Keywords

: Ambulatory Care, Patient Classification Systems, Third-Party Payments, DRGS, PPS,
Resource Utilization

Abstract

: Not available.

Report

Project Number
Author
Organization

: Z5
: Division of Data Standards and Quality/BDMS
: HCFA/BDMS

Title

: Medicare Statistical Files Manual

NTIS Number
Biblio Info

:
: Sept 1983

Keywords

: Data Systems, Medicare Statistics, Statistical Systems,

Abstract

: The purpose of this manual is to provide information about the various statistical files available within HCFA concerning the Medicare Program. It is intended to provide enough detail about each file so that persons interested in the Medicare program can determine what data are available. Most files are annual files subject to limitations such as currency, changes in coding structure, changes in volume, changes in sample size, availability of information, legislative changes and others. Not all files for a given reference period may be available for processing or resources may not be available to process them.

The information in these files is confidential and used for administrative and statistical purposes only. The release of any information is subject to the Privacy Act and other Federal government rules and regulations.

(TAPR, 80)

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